

Name
in
Full

Rebecca Jane Ayres
Town Fredericks County Fredericks

CERTIFICATE OF DEATH

MARYLAND

Died at Fredericks
Date of death 1909 4 27 Age 54 Months 0 Days 27

Sex Female Color or Race Black Birthplace Fredk. Co. Md.

Occupation House Wife Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Charles Ayres

Father's Name Jacob Smith Father's Birthplace Virginia

Mother's Maiden Name Fannie Dorsey Mother's Birthplace Fredk. Co. Md.

Name of person giving Information Charles Ayres How related to deceased Husband

CAUSES OF DEATH

93

Primary Pneumonia How long 10 days

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

H. A. Long

Address

City

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Apr 30- 1909

" at Greenmount Cemetery

Thomas P. Rice F & O.

Dr. Long

Dr McCurdy

Name
in
Full

Edith V. Bleachley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Balivias* Town*Madok* County

MARYLAND

Date
of death *1909*Month *4*Day *7*Age *72* YearsMonths *9*Days *5*Sex *Female*Color or
Race*White*Birth-
place*Newmarket*

Occupation

*House wife*Where Residing if not
at place of deathMarried, ~~Single~~
or WidowedName of Wife or
Husband*John S. Bleachley*Father's
Name*Eli Vanfosser*Father's
Birthplace*Don't know*Mother's
Maiden Name*Margaret Darkie*Mother's
Birthplace*" "*Name of person giving
information*George S. Bleachley*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Pneumonia

How long

6 days

Immediate

Heart failure

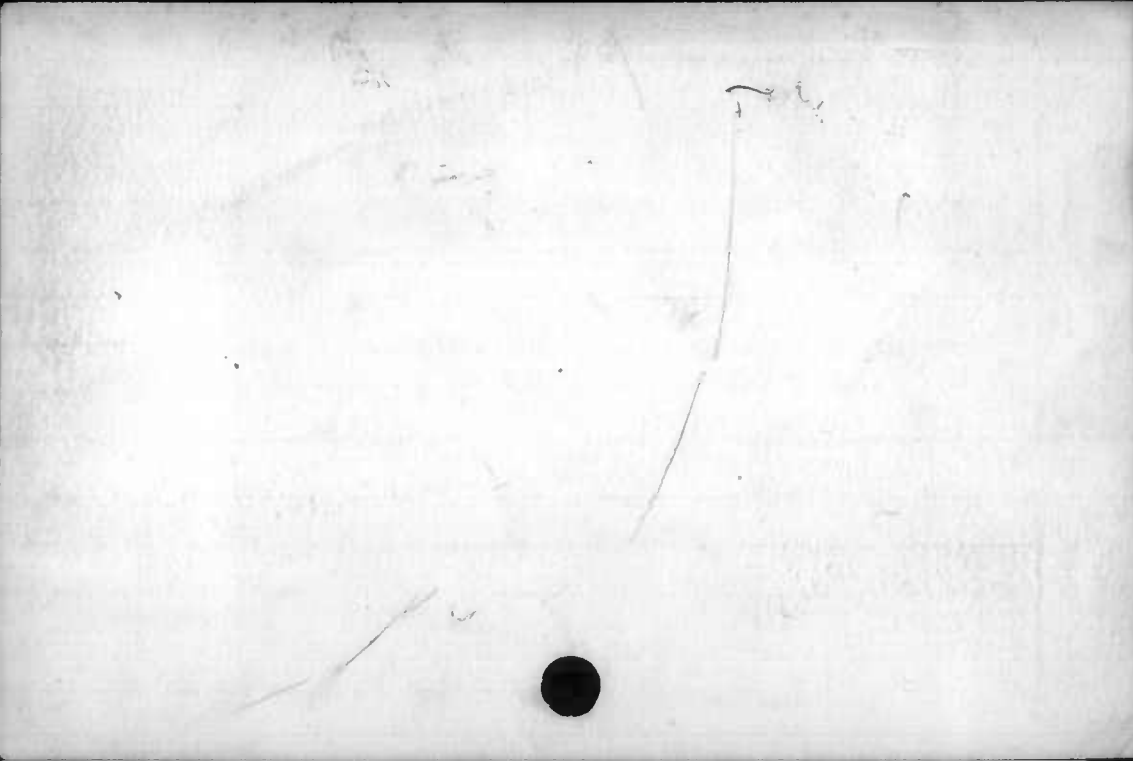
How long

*24 hrs*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. L. Buckley*

Address

Middletown

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth H Beal

Town

County

MARYLAND

Died at

New Market

Frederick

Date
of death

1909 April 22

Age

85

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

don't know

Occupation

Retired

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Basil Beal

Father's
Name

don't know

Father's
Birthplace

don't know

Mother's
Maiden Name

"

"

Mother's
Birthplace

"

"

Name of person giving
Information

M. E. Falconer
~~Unmarried New Market, Md.~~

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Senility

154

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of

George M. Smith,
De. Registrar,
New Market, Md.

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

2



Name
in
Full

Edward R Bear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

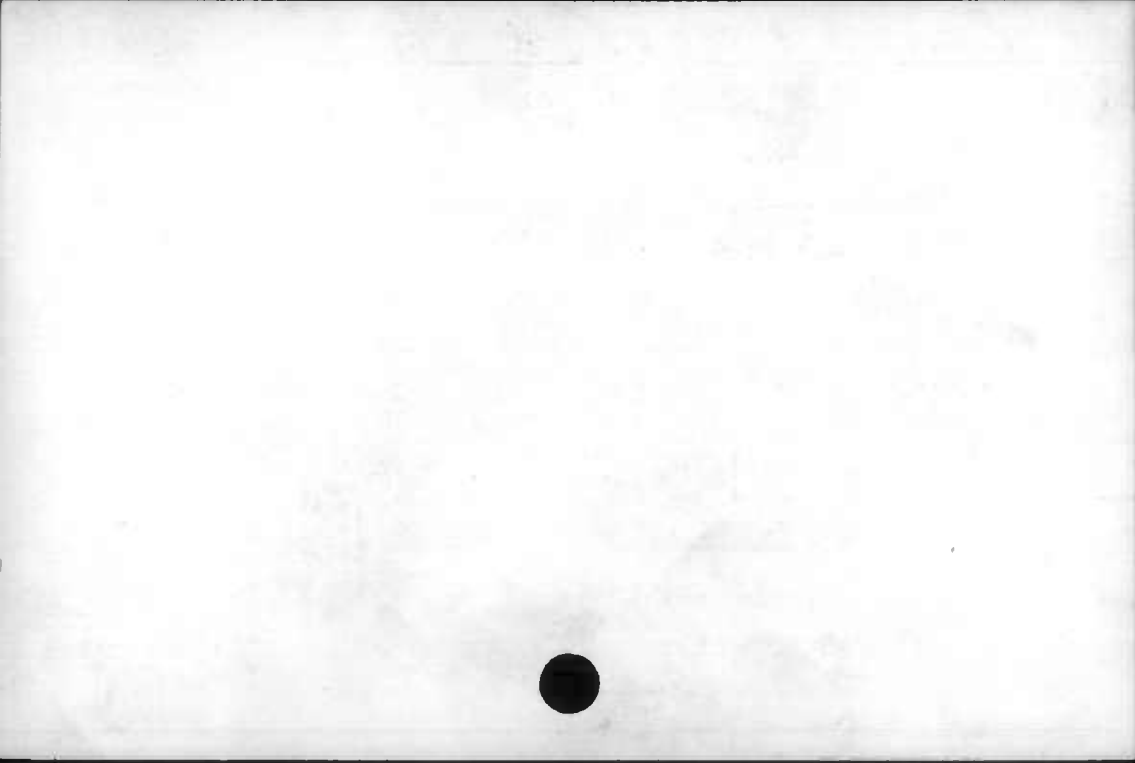
Died at <i>Wolfsville</i> ^{Town}		<i>Ford</i> ^{County}		MARYLAND	
Date of death	1909	Month	14	Day	22
Age	0	Years	0	Months	1
Sex	Male	Color or Race	White	Birth-place	Wolfsville
Occupation	None	Where Residing if not at place of death		Wolfsville	
Married, Single or Widowed		Name of Wife or Husband			
None		None			
Father's Name	David H Bear			Father's Birthplace	Wolfsville
Mother's Maiden Name	Bessie V Palmer			Mother's Birthplace	Wolfsville
Name of person giving Information	David Bear			How related to deceased	Father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Concussion</i>	How long	6 hours
Immediate	<i>Concussion</i>	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Dr. M. J. Kefauver</i>	
		Address	
		<i>Smithsburg Maryland</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

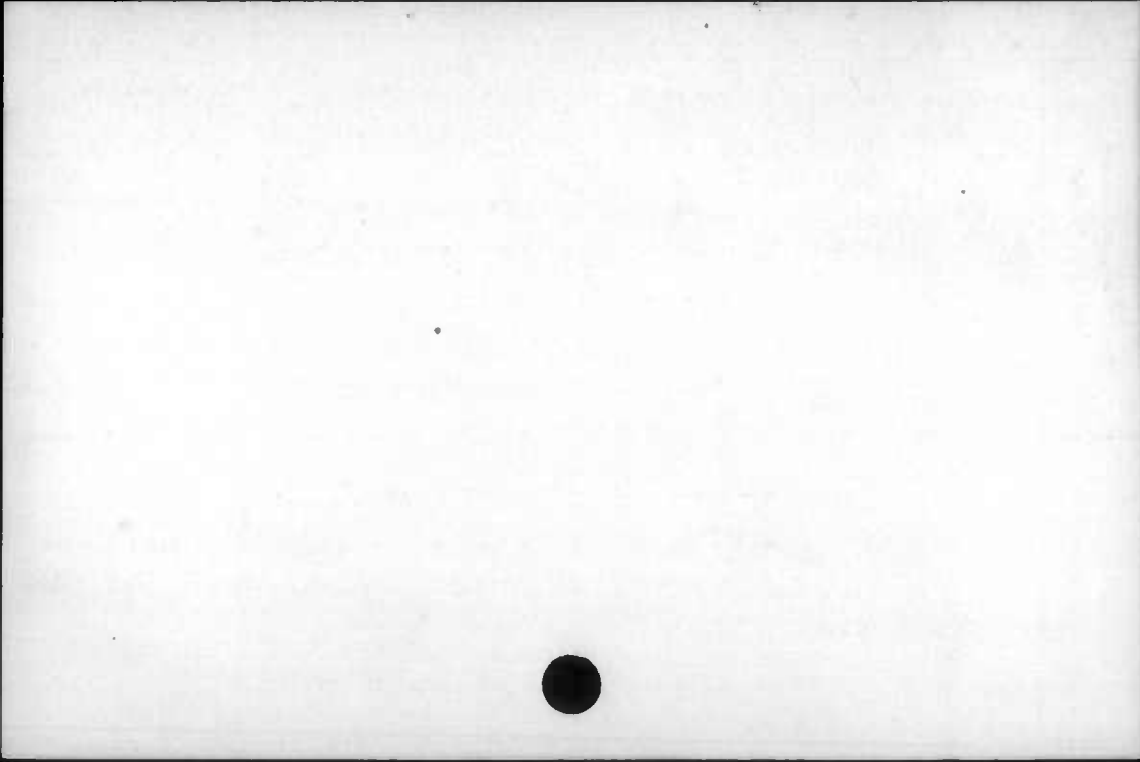
Died at <i>Middletown</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1909 April</i>	Month <i>5</i>	Day <i>5</i>	Years <i>58</i>	Months <i>5</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Fredricks Co</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edwin L Beckley</i>				
Father's Name <i>Joseph H Fiegler</i>	Father's Birthplace <i>Fredricks Co Ind</i>				
Mother's Maiden Name <i>Sarah C Smeltzer</i>	Mother's Birthplace <i>Fredricks Co Ind</i>				
Name of person giving information <i>E L Beckley</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>—</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E L Beckley</i>
<i>* Full dead.</i>	Address <i>Middletown</i>
Accident or Suicide? <i>—</i>	<i>Dr of</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William Joseph Black* X

Town *Thurmont* County *Frederick* MARYLAND

Died at *Thurmont*

Date of death *1909* Month *4* Day *3* Age *14* Years Months *4* Days *2*

Sex *male* Color or Race *white* Birth-place *Maryland*

Occupation *none* Where Residing if not at place of death *Thurmont Md.*

~~Married Single~~ Name of Wife or Husband ~~Widow~~

Father's Name *Wm. G. Black* Father's Birthplace *Md*

Mother's Maiden Name *Maggie E. Byers* Mother's Birthplace *"*

Name of person giving information *E. E. Black* How related to deceased *Uncle*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *La Grippe* How long *2 days*

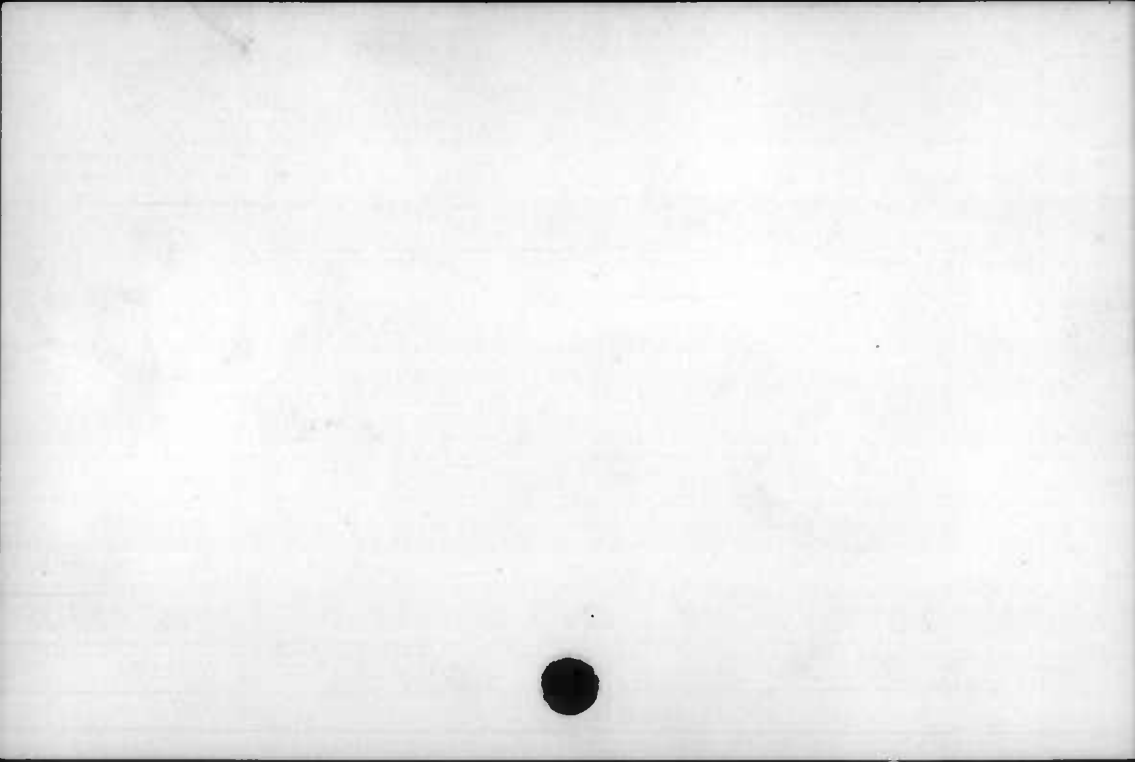
Immediate *Acute Meningitis* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Morris A. B. B. B.*

Address *Thurmont Md.*

Accident or Suicide? *No*



Name
in
Full

George K. Brungle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

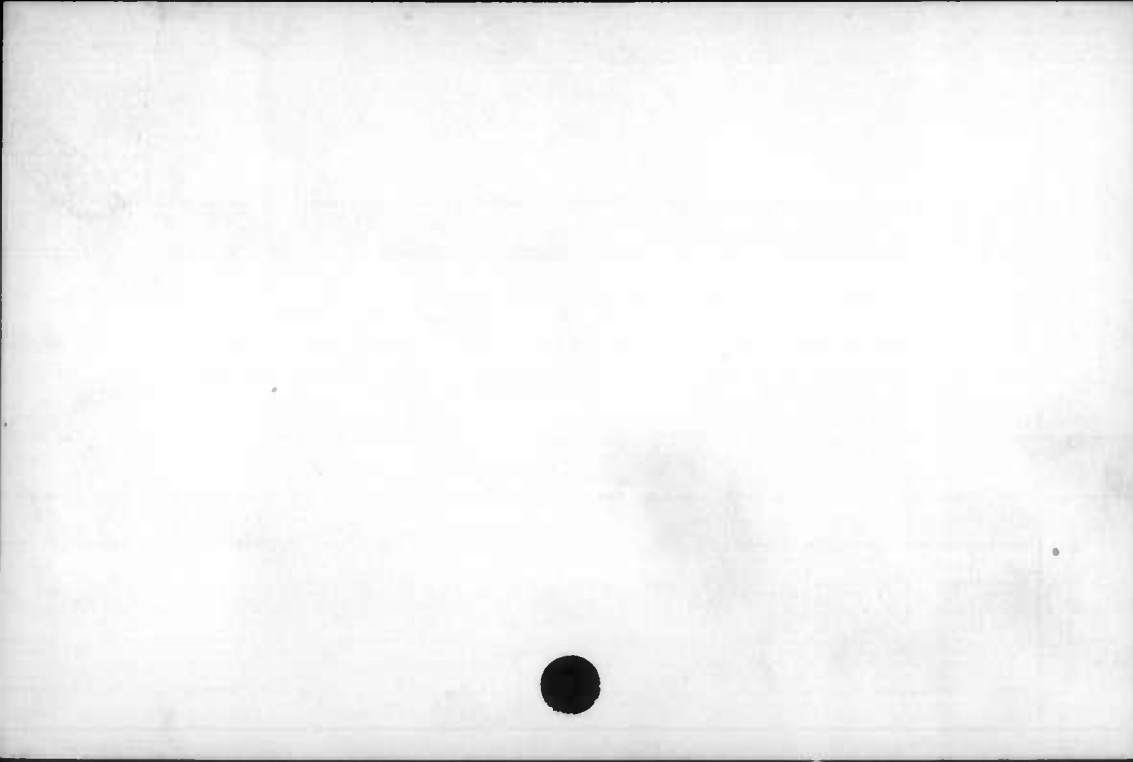
Died at <i>Frederick</i> Town		County <i>Frederick</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>April</i>	Day <i>24</i>	Age <i>58</i>	Months <i>1</i>	Days <i>30</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>MD</i>			
Occupation <i>Labrer</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Lynn Weddell</i>			
Father's Name <i>Ezra Brungle</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Rachel ?</i>			Mother's Birthplace <i>?</i>		
Name of person giving Information <i>G. Elmer Brungle</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>?</i>
Immediate <i>Exhaustion</i>	How long <i>unpredictable</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm Crawford Shuman</i>
	Address <i>Frederick MD</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Padgett Brown

Town

County

MARYLAND

Died at

Brunswick

Frederick

Date

of death

1909

Month

April

Day

14

Years

Age 66

Months

Days

Do not know

Sex

Male

Color or
Race

Black

Birth-
place

Do not know

Occupation

None (white washer)

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Eliza King

Father's
Name

Don't know

Father's
Birthplace

Do not know

Mother's
Maiden Name

Do not know

Mother's
BirthplaceName of person giving
Information

Eliza King

How related
to deceased

Wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Nephritis

How long

6 mos. (2)

Immediate

Dropy (Oedema) of lungs probably

How long

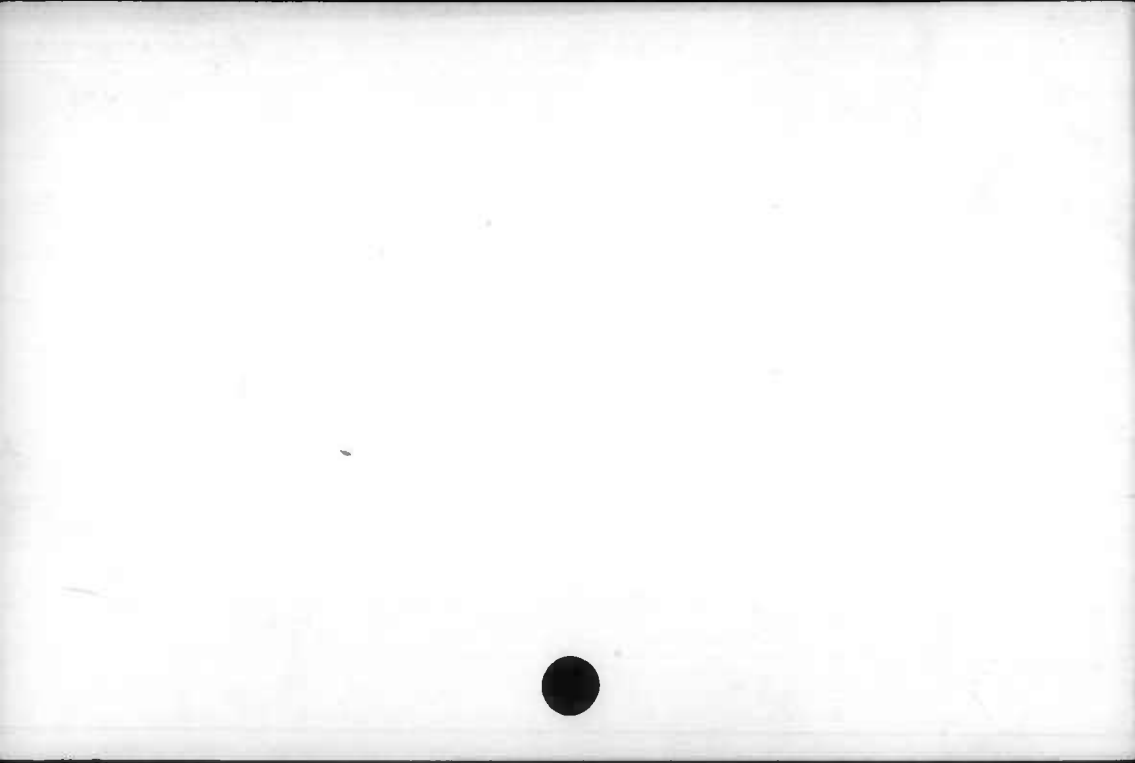
2 or 3 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

C. W. R. Brown,
Brunswick, Md.

Accident or Suicide



Name
in
Full

Elizabeth Carson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1909	Month	Apr	Day	21	Age	77
Sex	Female		Color or Race	White		Birth-place	VA
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	Gilbert Scott					Father's Birthplace	VA
Mother's Maiden Name	Don't know					Mother's Birthplace	VA
Name of person giving Information	Jacob. Carson					How related to deceased	Son

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Old age	How long	—
Immediate	Heart Failure	How long	3 day.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Leon Hoot
		Address	Brunswick Ind
Accident or Suicide			



Name
in Full

Thomas Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Moun^{town} Hospital* County *Frederick* MARYLAND
 Date of death 1909 *April* *19* Age *34* Months Days
 Sex *Male* Color or Race *Colored* Birth-place *Mt Zomery Co.*
 Occupation *None* Where Residing if not at place of death *Same*
 Married, Single or Widowed *Single* Name of Wife or Husband *X*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of person giving information *Nicholas Gassaway* How related to deceased *No relation*

CAUSES OF DEATH

Primary *Decoments - Epileptic* How long *Several yrs.*
 Immediate *Convulsion* How long *Several hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes as*

Signature of Physician

*U. E. Bacon M.D.**Not as could be as*

Address

*Fredrick. Md**Certained*
Accident or Suicide *neither*



Name
in
Full

Mary Jane Cohen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>Apr</i>	Day <i>30</i>	Age <i>59</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Wm Cohen</i>				Father's Birthplace <i>Washington County</i>			
Mother's Maiden Name <i>Anna Mary Hauer</i>				Mother's Birthplace <i>Frederick</i>			
Name of person giving Information <i>Frank Cohen</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>6 months</i>
Immediate	<i>Heart failure</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>T. B. Johnson</i>
		Address	<i>Frederick, Md.</i>
Accident or Suicide			



Name
in
Full

Catherine Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mountain Frederick County MARYLAND

Date of death 190 9 Apr 3rd Day 20 Years 20 Months 0 Days

Sex Female Color or Race Colored Birth-place Va.

Occupation None Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information State Deputy How related to deceased No relation

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long Several weeks

Immediate General Exhaustion How long Several weeks

Are the name, age, sex, color, date and place correctly given above? As near as could be ascertained. Signature of Physician U. G. Brown M.D.

as could be ascertained. Address Frederick Md

Accident or Suicide X

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hilleary Couter

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

of death 1909

Month

4

Day

23

Years

Age 50

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Frederick

Occupation

Laborer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Moberly

Father's
Name

Hilleary Couter

Fether's
Birthplace

Maryland

Mother's
Meiden Name

Annies James

Mother's
Birthplace

"

Name of person giving
Information

Mrs. Mary Couter

How related
to deceased

Wife

CAUSES OF DEATH

56

Primary

Acute Alcoholism

How long

10 days

Immediate

Exp. Toxication

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W.A. Long
City

Accident or Suicide

Interment Apr 25- 09

" at Greenmount Cemetery

Thomas P. Rice F. & D.

Dr. Long

Dr. McCurdy

Name
in
Full

CERTIFICATE OF DEATH

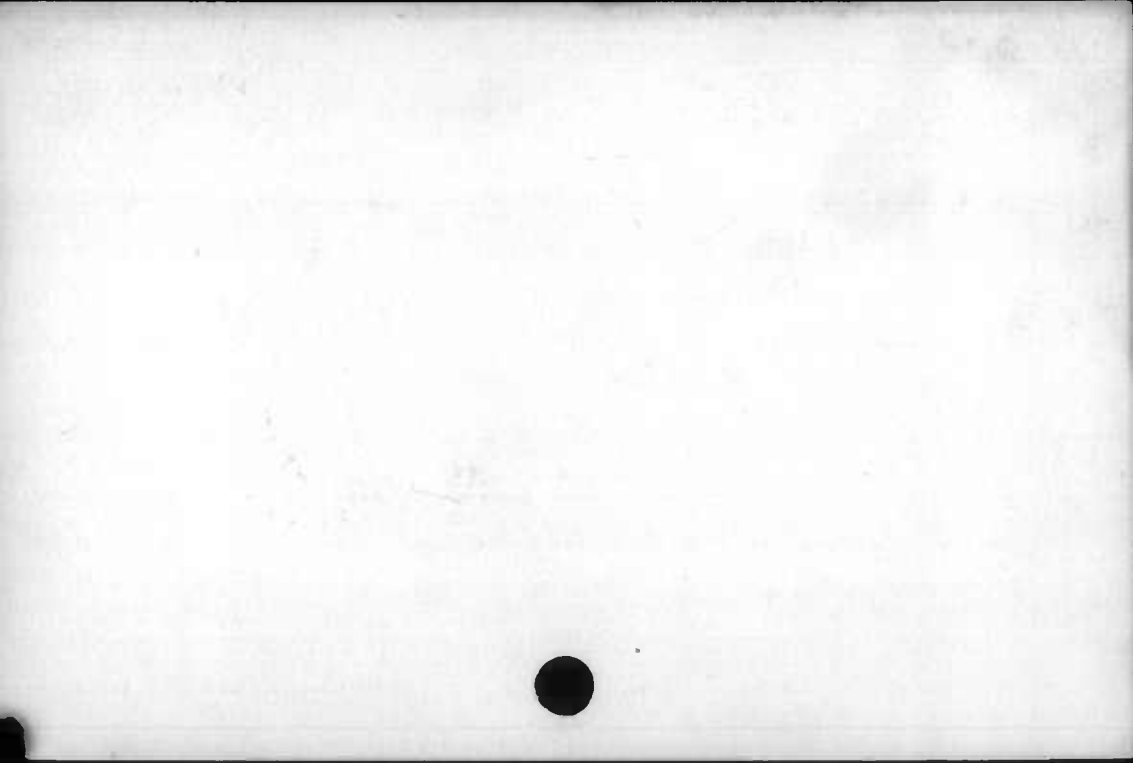
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Point of Rocks</i> ^{Town} <i>Indk</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>4</i> ^{Month}	<i>23</i> ^{Day}	Age <i>9</i> ^{Years}
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Point of Rocks</i>
Occupation <i>Laborer</i>		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Charles H. Dean</i>		Father's Birthplace <i>Point of Rocks</i>	
Mother's Maiden Name <i>Mary B. McKnight</i>		Mother's Birthplace <i>Point of Rocks</i>	
Name of person giving information <i>Charles H. Dean</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza abdominal pain</i>	How long <i>12 hours</i>
Immediate <i>Constriction Lung</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. T. Dapnell</i>
	Address <i>Point of Rocks Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary A. Deane

Town

County

Died at

Brunswick

Frederick

MARYLAND

Date
of death

1909

Month

April

Day

29

Age

Years

76

Months

2

Days

27

Sex

Female

Color or
Race

white

Birth-
place

Don't know

Occupation

House work

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Wm E. Deane

Fether's
Name

William Watts

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

W. E. Deane

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

(64)

Immediate

apoplexy

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. Horine

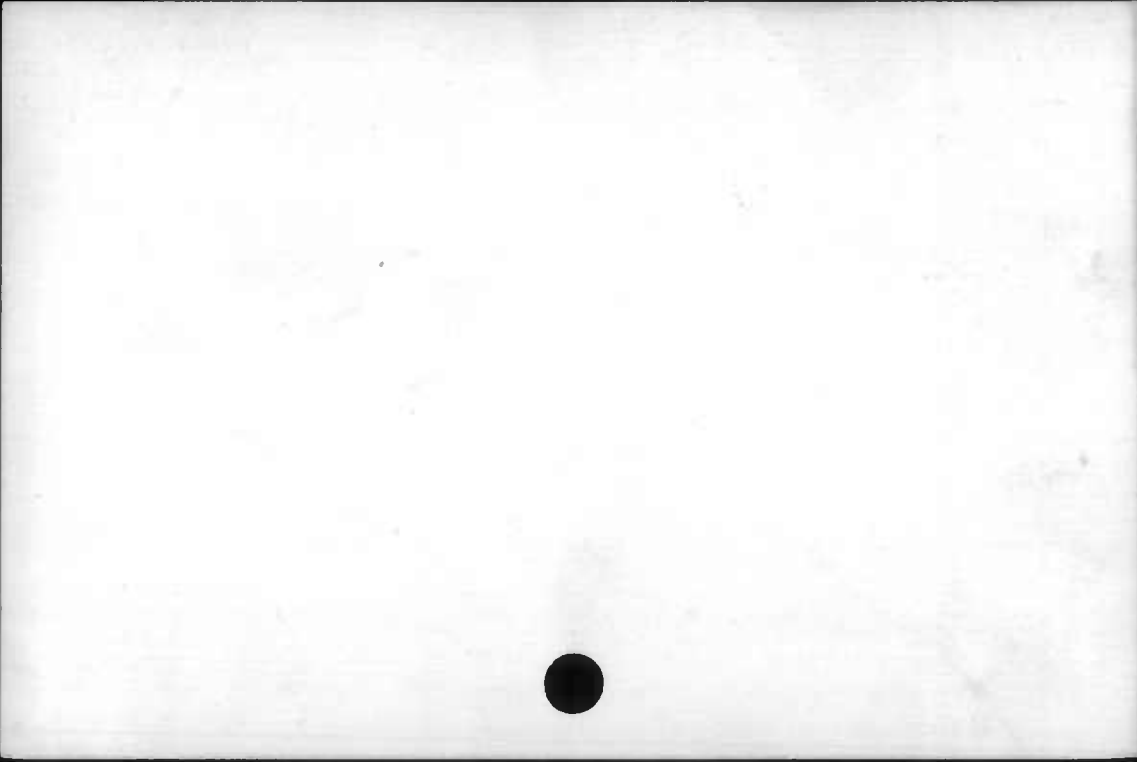
Brunswick

Md.

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin Harrison Duval

Town

County

Died at

Indeneth

Indeneth -

MARYLAND

Date

of death 1909

Month

4

Day

27

Years

Age 20

Months

x

Days

x

Sex

Male

Color or
Race

Colored

Birth-
place

Leily

Occupation

Butcher -

Where Residing if not
at place of death

x

~~Married~~, Single
or ~~Widowed~~Name of Wife or
Husband

x

Father's
Name

Bernard D. Duval

Father's
Birthplace

Leily

Mother's
Maiden Name

Aemie Tyson

Mother's
Birthplace

Le

Name of person giving
Information

Father -

How related
to deceased

x

CAUSES OF DEATH

72

Primary

Trauma (Rail)

How long

2 weeks

Immediate

Trauma

How long

4 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Franklin Buchanan Duval

Address

Leily -

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Ann Suvall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

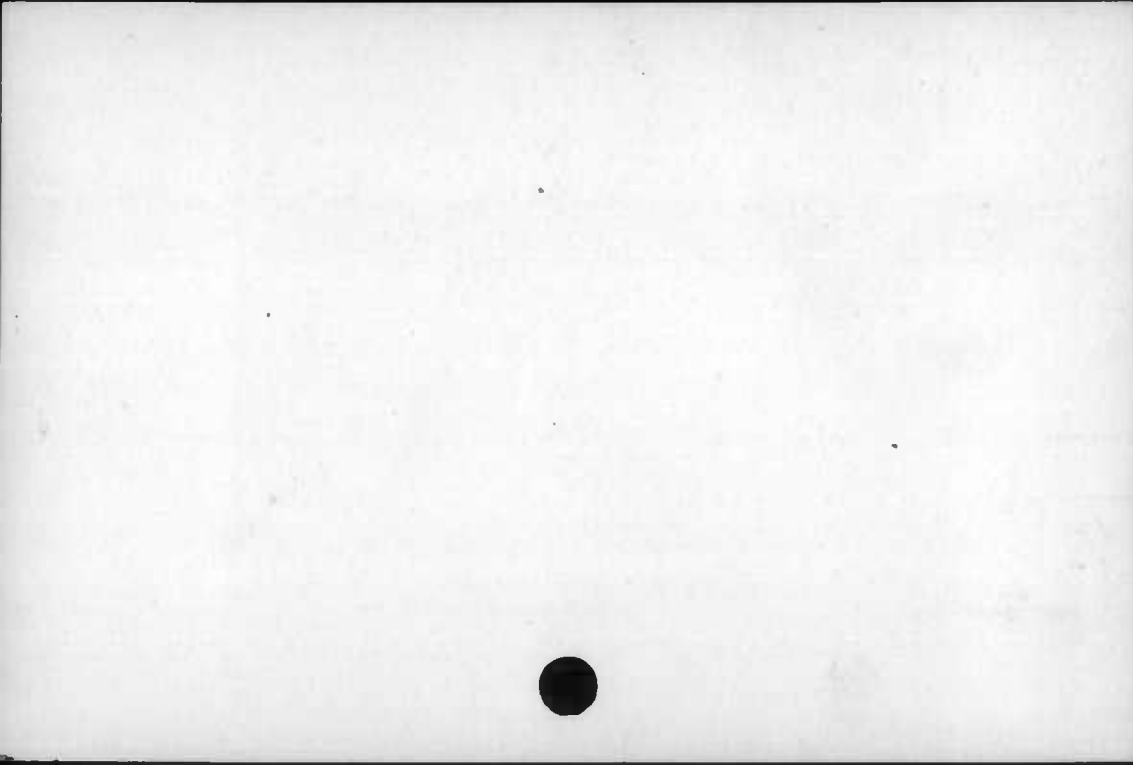
Died at <u>Buckhannon</u> ^{Town}		<u>Frank</u> ^{County}		MARYLAND	
Date of death	1907	Month	Apr	Day	26
Age	87	Years		Months	10
Sex	Female	Color or Race	White	Birth-place	MD
Occupation	Homemaker		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name	Benj. Suvall			Father's Birthplace	MD
Mother's Maiden Name	Rebecca James			Mother's Birthplace	MD
Name of person giving information	S. P. Suvall			How related to deceased	Nephew

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Edema - more or less general	How long	Since born
Immediate	Antic. Resuscitation	How long	15 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
y		T. Clyde Routson	
		Address	
		Buckhannon	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

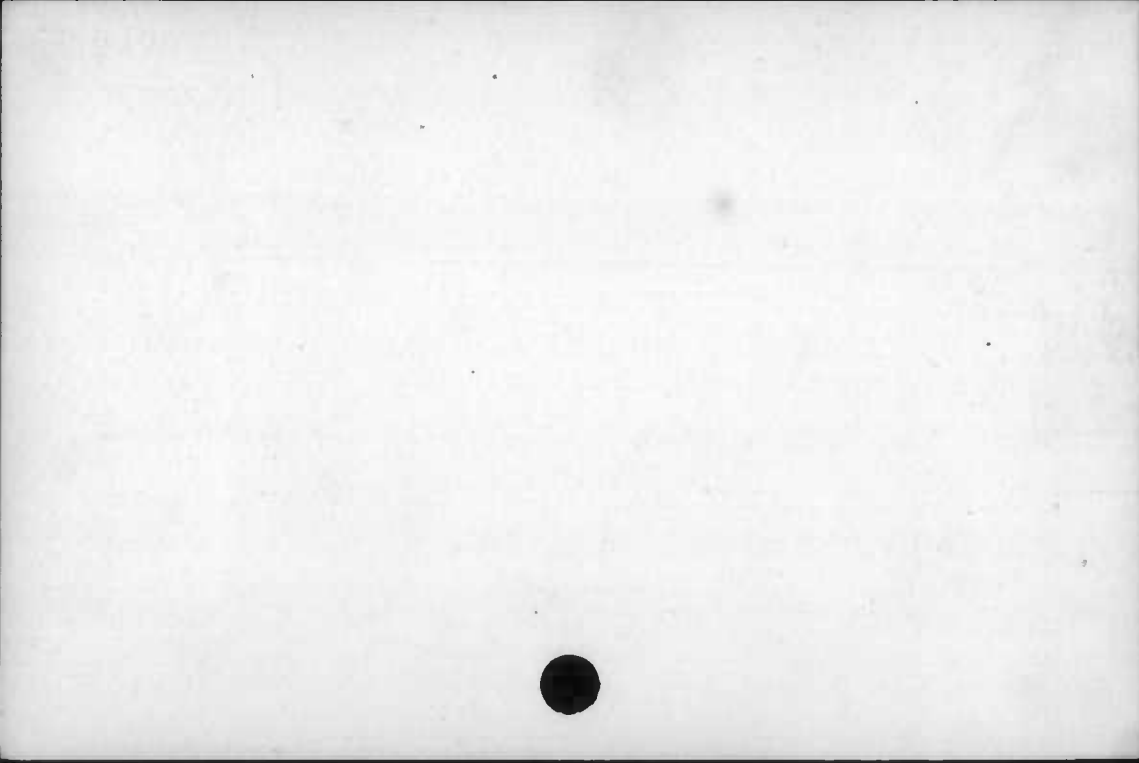
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jefferson</i> ^{Town}		<i>Lisabeth</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i>	Month <i>4</i>	Day <i>26</i>	Age <i>37</i> Years	<i>3</i> Months <i>26</i> Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Painter</i>		Where Residing if not at place of death	<i>Near Jefferson</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>William L. Easterday</i>			Father's Birthplace	<i>Near Jefferson</i>
Mother's Maiden Name	<i>Martha E. Rice</i>			Mother's Birthplace	<i>Near Jefferson</i>
Name of person giving information	<i>Martha E. Easterday</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diabetes</i>	How long	<i>5 yrs</i>
Immediate	<i>Congestion of Lungs</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. J. Smith</i>
		Address	<i>Jefferson Md.</i>
Accident or Suicide?			



Name
in
Full

Elizabeth A Erb.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

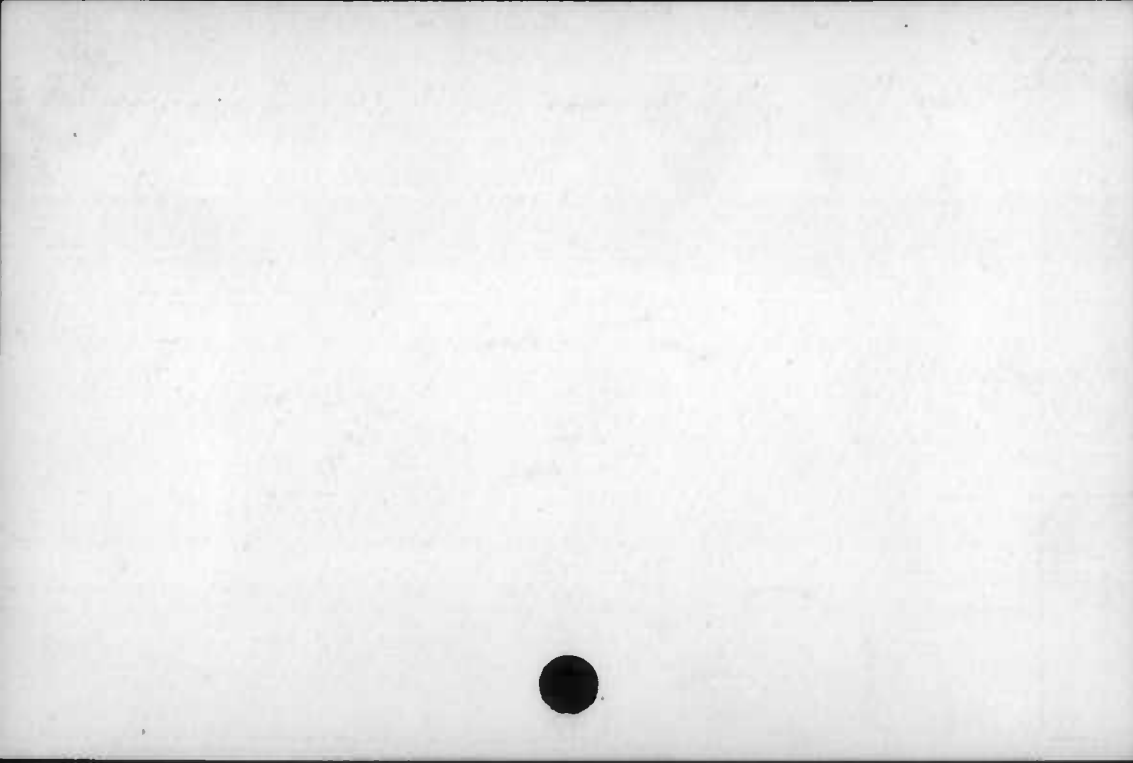
Died at <i>Walkersville</i>		Town <i>Frederick</i>		County <i>+</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>4</i>	Day <i>1</i>	Age <i>87</i>	Years	Months <i>4</i>	Days <i>6</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Canroll Co. Md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Eli Erb.</i>						
Father's Name <i>Jacob Hahn</i>	Father's Birthplace <i>Don't know</i>						
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>						
Name of person giving information <i>John D Nicodemus</i>	How related to deceased <i>In no way.</i>						

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>Intracapsular fracture (of hip joint)</i>	How long <i>9 weeks</i>
Immediate <i>General debility</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John D. Nicodemus</i>
	Address <i>Walkersville, Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Tobitha Ann Etzler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Liberty Town</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	April	Day	18 th
Age		Years	72	Months	11
Sex		Female	Color or Race	White	Birth-place
Occupation		Housewife		Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Ezra C Etzler		
Father's Name	George Gittings			Father's Birthplace	Montgomery Co
Mother's Maiden Name	Ellen Walpen			Mother's Birthplace	Montgomery Co
Name of person giving information	Harriet E. Knight			How related to deceased	Daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Hortie Meningitis</i>		How long	<i>2 yrs</i>
Immediate	<i>Cerebral Emboli</i>		How long	<i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			Address	
			<i>Liberty Town</i>	
			<i>Frederick Co.</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>26</i>	Age <i>26</i>	Months <i>26</i> Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation _____			Where Residing if not at place of death <i>4 St</i>		
Married, Single or Widowed		Name of Wife or Husband _____			
Father's Name <i>John Falk</i>		Father's Birthplace <i>Flea</i>			
Mother's Maiden Name <i>Bettie Davis</i>		Mother's Birthplace <i>Flea</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>Seven days</i>
Immediate <i>Pneumonia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. O. Thomas, M.D.</i>
	Address <i>Frederick</i> <i>MD.</i>
Accident or Suicide?	



Name
in
Full

Infant of Albert L. Finnyfrook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fredericks</u>		County <u>Fredericks</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>4</u>	Day <u>16</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Fredericks</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Albert L. Finnyfrook</u>			Father's Birthplace <u>Fredk. Co. Md</u>		
Mother's Maiden Name <u>Emily Freed</u>			Mother's Birthplace <u>Fredericks</u>		
Name of person giving Information <u>A. L. Finnyfrook</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long	<u>8</u>
Immediate	<u>Hydrocephalus</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>H. H. Hedden</u>	
		Address <u>Fredericks</u>	
Accident or Suicide <u>—</u>			

Interment Apr. 16 - 1909

" at Mt Olivet Cemetery

Thomas P. Rice - F&D

Dr Hedges

— —

Dr McCusdy,

Name
in
Full

Margaret Katharine Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>McKays</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Apr</i>	Day <i>7</i>	Age <i>X</i>	Years <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth place <i>Fredk. Co., Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Chas. M. Fox</i>			Father's Birthplace <i>Fredk. Co., Md.</i>		
Mother's Maiden Name <i>Mamie Scheetehelm</i>			Mother's Birthplace <i>Fredk. Co., Md.</i>		
Name of person giving information <i>Bernard Scheetehelm</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

93

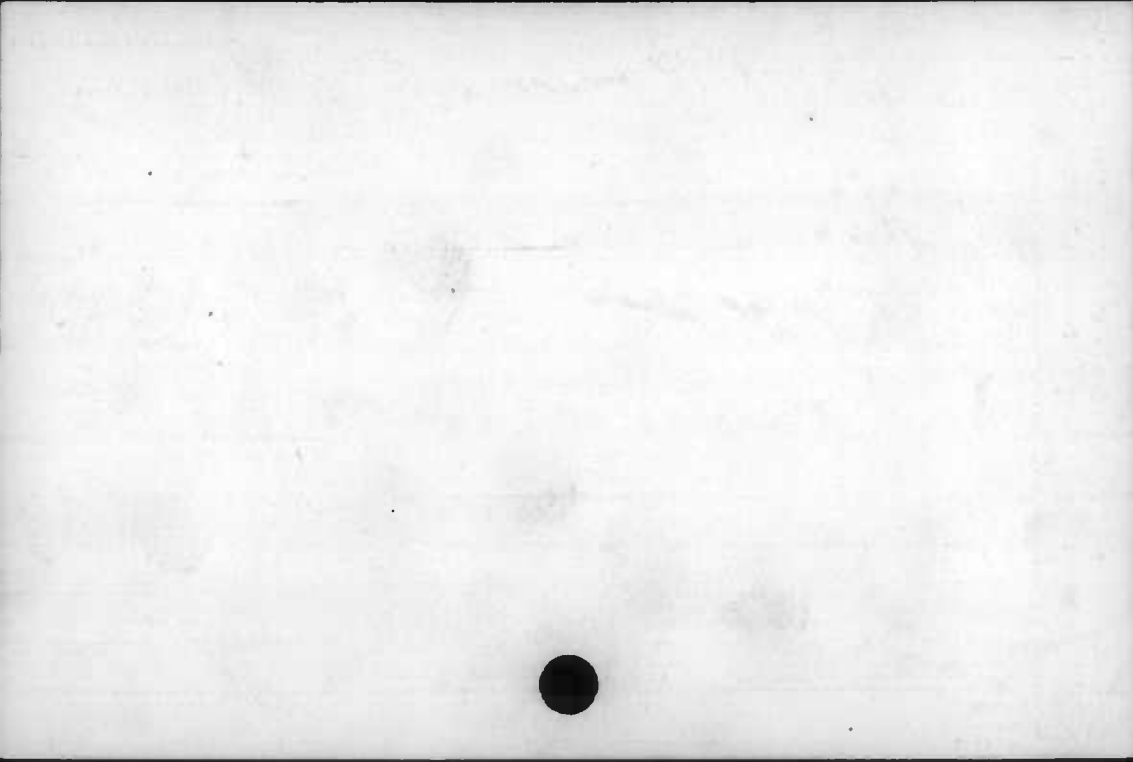
PHYSICIAN
OR CORONER

Primary <i>Pneumonia - meningitis</i>	How long <i>4 days</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Woodup, M.D.</i>
	Address <i>Fredrick, Md.</i>
Accident or Suicide? <i>X</i>	

666 Andy

Mt Zion.

Name in Full William H. Fuss		County X Frederick		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Emmitsburg		Town Frederick		MARYLAND
	Date of death 1909	Month 4	Day 24	Years 60	Months 4
	Sex Male	Color or Race White		Birth-place MD	
	Occupation Farmer	Where Residing if not at place of death			
	Married, Single or Widowed Married	Name of Wife or Husband Maria F Overholzer			
	Father's Name John Fuss	Father's Birthplace MD			
Mother's Maiden Name Hettie Ahler	Mother's Birthplace MD				
Name of person giving information John J. Fuss	How related to deceased Son				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Arterio-Sclerosis		How long 1 year		
	Immediate Pneumonia (Hypostatic)		How long 3 days		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. W. E. Stone		
			Address Emmitsburg MD		
Accident or Suicide?					



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Frederick* TownCounty *Frederick*Date of death *1909 Apr 16*Age *60+* Years

Months

Days

Sex *Male*Color or Race *American*Birthplace *Lehman*Occupation *Express man*

Where Residing if not at place of death

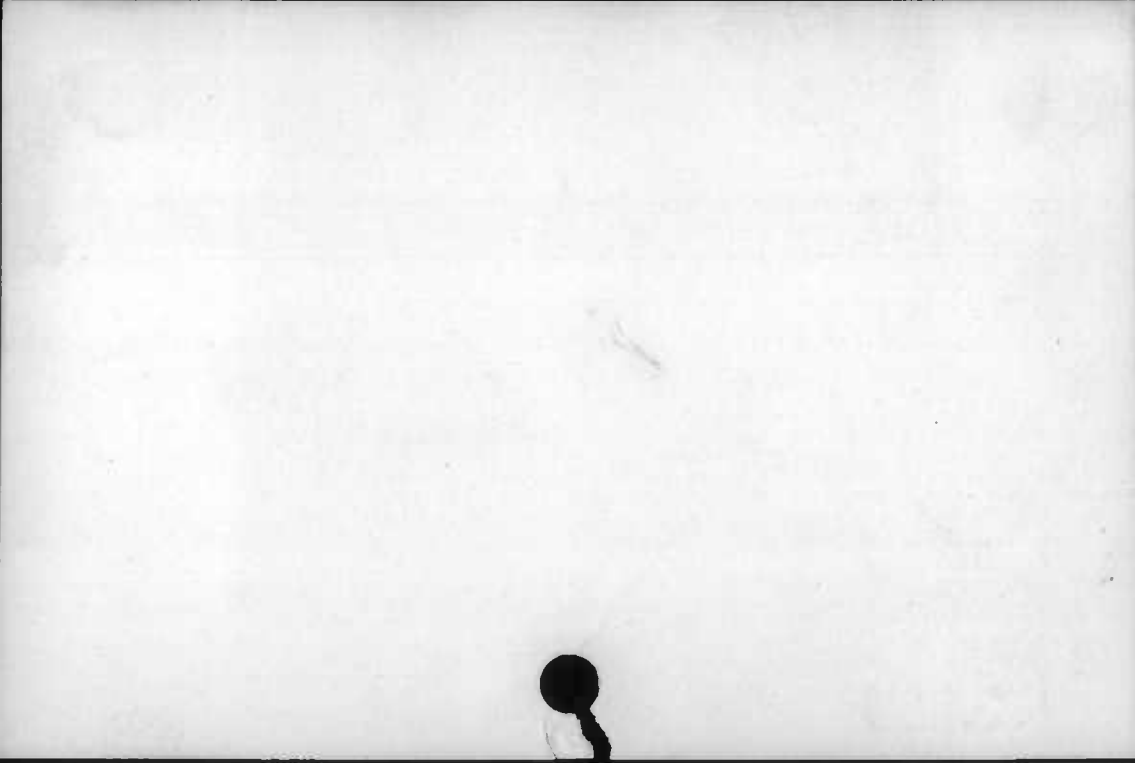
Married, Single or Widowed *Married*Name of Wife or Husband *Alice Buckles*Father's Name *Michael Gannon*Father's Birthplace *Washburn*Mother's Maiden Name *Sarah C Murphy*

Mother's Birthplace

Name of person giving information *Mrs Alice Gannon*How related to deceased *Wife*

CAUSES OF DEATH

Primary *Mitral Disease*How long *79* Years.Immediate *Apnoea*How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *H. P. Lohmeyer M.D.*Address *Frederick, Md.*Accident or Suicide? *Accident*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn H. Harbaugh
Town Frederick County

MARYLAND

Died at *Montrose Hospital*

Date of death 1909 April 4 Age 50 + Months Days

Sex Male Color or Race white Birth-place Md

Occupation None Where Residing if not at place of death *Thurmont*

Married, Single or Widowed Married Name of Wife or Husband Sarah Long

Father's Name Henry Harbaugh Father's Birthplace Frederick Co Md

Mother's Maiden Name Martha Young Mother's Birthplace " " " "

Name of person giving Information How related to deceased Unknown

CAUSES OF DEATH

79

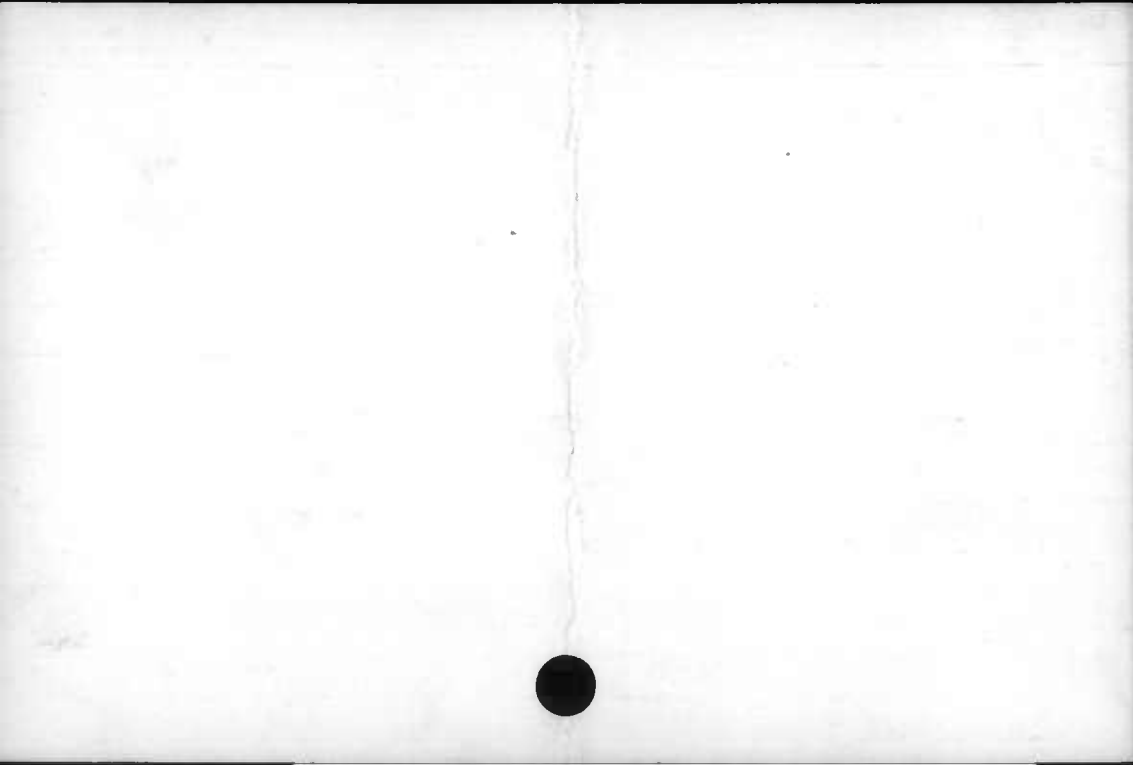
Primary Cardiac Dropsy How long 1 year

Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. P. Fahrney

Address Frederick Md

Accident or Suicide



Name
in Full

Lawson W Haupt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

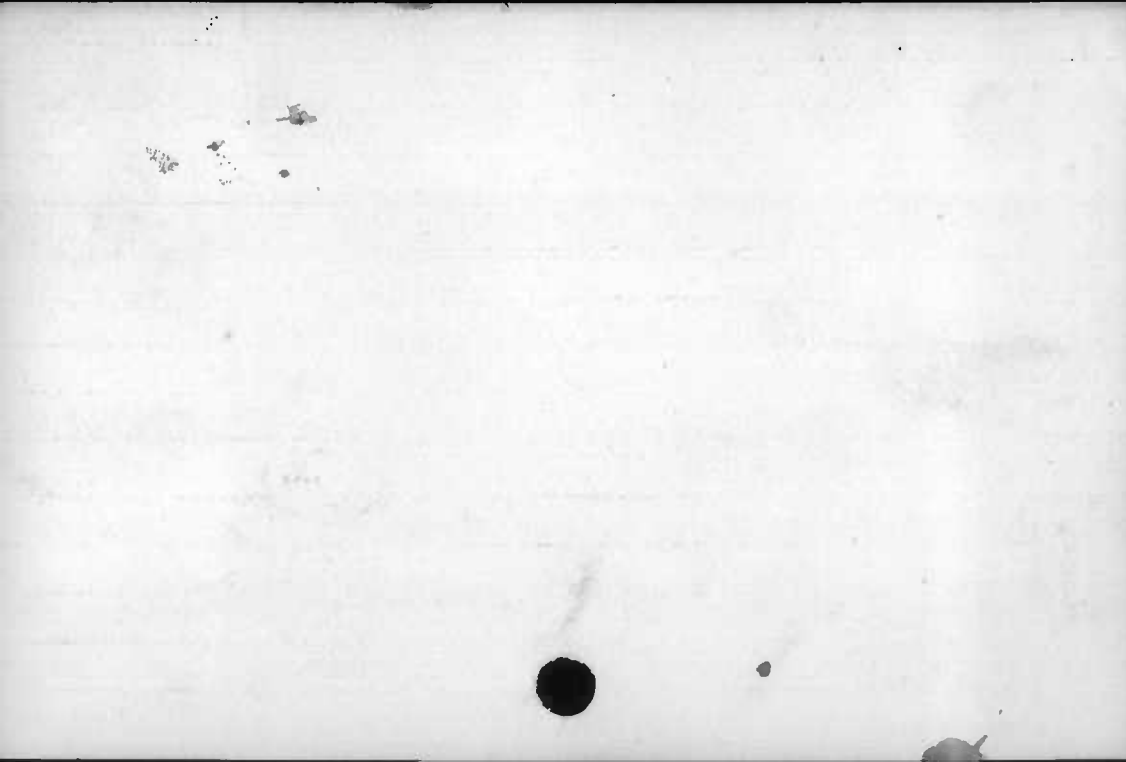
Died at <i>Myersville</i> Town			<i>Frederick</i> County			MARYLAND		
Date of death	1907	Month	April	Day	25	Age	67	Years
						Months	2	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birthplace	<i>Frosttown</i>	
Occupation	<i>Farmer</i>			Where Residing if not at place of death <i>Myersville</i>				
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>Mary A. Haupt</i>				
Father's Name	<i>Solomon Haupt</i>					Father's Birthplace	<i>Frosttown</i>	
Mother's Maiden Name	<i>Emaline Martin</i>					Mother's Birthplace	<i>Frosttown</i>	
Name of person giving information	<i>George Haupt</i>					How related to deceased	<i>Son</i>	

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Embolism</i>	How long	<i>Several years</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Ralph Downing</i>
		Address	<i>Myersville</i>
<i>Accident or Suicide?</i>			



Name
in
Full

Lloyd Elmer Hedges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fredericks</u> ^{Town}		<u>Fredericks</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>4</u>	Day <u>1</u>	Age <u>18</u>	Months <u>10</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Fredericks, Md</u>		
Occupation <u>---</u>			Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>---</u>			
Father's Name <u>Isaac C. Hedges</u>			Father's Birthplace <u>Fredericks, Md</u>		
Mother's Maiden Name <u>Sophia E. Roth</u>			Mother's Birthplace <u>Virginia</u>		
Name of person giving Information <u>Isaac C. Hedges</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Initial Rheumatism and Enlarged Heart</u>	How long <u>6 mrs.</u>
Immediate <u>Tuberculosis of Lungs</u>	How long <u>2 mrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Fr. H. Hedges</u>
	Address <u>Fredericks</u>
Accident or Suicide <u>---</u>	

Interment Apr 3. 1909
" at Mt. Olivet Cemetery
Thomas P. Rice. F. O.

Dr. Hedges

Dr. McBurdy.

Name
in
Full

CERTIFICATE OF DEATH

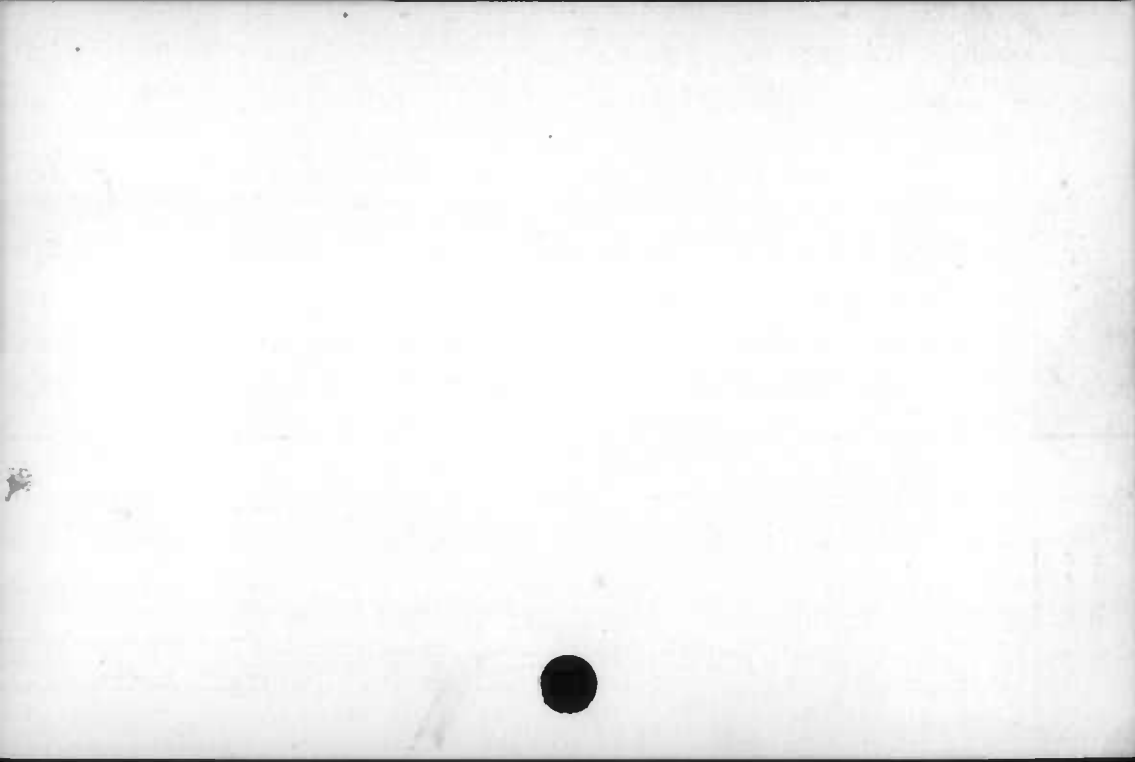
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neas Jefferson</i>		Town <i>Neas Jefferson</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>		Month <i>4</i>		Day <i>26</i>		Age <i>5-4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Neas Jefferson</i>		Months <i>7</i> Days <i>18</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Louisa Herrup</i>					
Father's Name <i>Alexandria W. Herrup</i>		Father's Birthplace					
Mother's Maiden Name <i>Sarah A. Rodrick</i>		Mother's Birthplace <i>Neas Jefferson</i>					
Name of person giving information <i>Charles Herrup</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>		How long <i>over year</i>	
Immediate <i>Palovular disease heart</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. H. Botcher Evans</i>	
		Address <i>Jefferson</i>	
Accident or Suicide?		<i>Frederick</i>	



Name
in
Full

Charles E. O. Hildebrand

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Schleysville

Frederick

Date
of death

1909

Month

4

Day

14

Years

Age

—

Months

—

Days

23

Sex

Male

Color or
Race

White

Birth-
place

Schleysville

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles E. Hildebrand

Father's
Birthplace

Friedk. Co Md

Mother's
Maiden Name

Annie Summers

Mother's
Birthplace

" " "

Name of person giving
Information

Chas E. Hildebrand

How related
to deceased

Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

4 days -

Immediate

Apoplexy

How long

24 h.

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

J. M. Emery

Address

1st Nat St

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Suicide

Internment Apr 18—1909

" at Pleasant Hill

Thomas P. Rice R.D.

Dr Mc Gurdy

Dr Goodell

Name
in
Full

Theodore Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Frederick Town Frederick County MARYLAND
 Date of death 1909 Month 4 Day 25 Age 37 Months — Days —
 Sex Male Color or Race Black Birth-place Frederick Co Md
 Occupation book Where Residing if not at place of death Same
 Married, Single or Widowed Married Name of Wife or Husband Emma Reed
 Father's Name David Hill Father's Birthplace Maryland
 Mother's Maiden Name Margaret Sanders Mother's Birthplace Georgia
 Name of person giving Information Henrietta Hill How related to deceased Sister

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long one year
 Immediate Aspiration How long one week
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician B. Thomas MD
 Address Frederick Md
 Accident or Suicide —

Interment Apr 27 - 1909

" at Greenmount Cemetery

Thomas P. Rice F.D.

Dr. Thomas

as McCurdy,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Geo. W. Huffman* County *X*

Died at *Middletown* Town *Fred Co.*

Date of death *1909 Apr 21* Age *8* Years *6* Months *18* Days

Sex *male* Color or Race *White* Birth-place *Md.*

Occupation *School boy* Where Residing if not at place of death

☒ Married, Single ☐ Widowed Name of Wife or Husband

Father's Name *Caswell W. Huffman* Father's Birthplace *Md.*

Mother's Maiden Name *Annie Leiden* Mother's Birthplace *Md.*

Name of person giving information *C. W. Huffman* How related to deceased *father*

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary *Scarlet fever* How long *2 weeks*

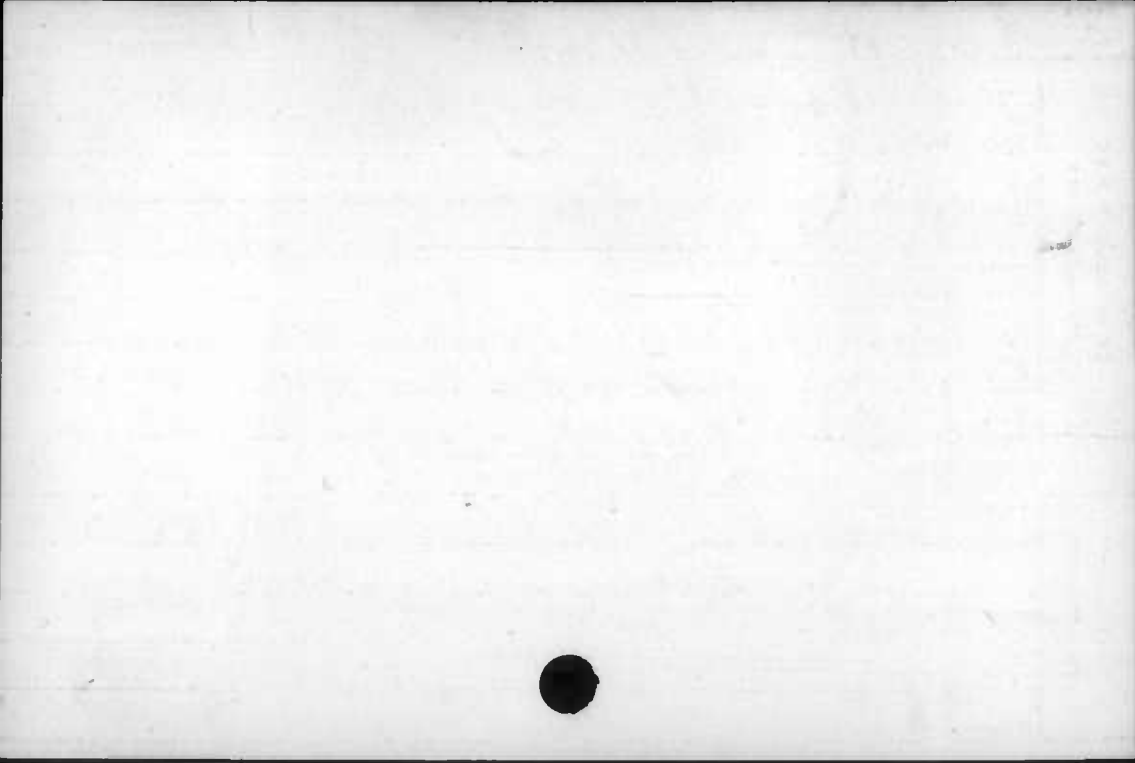
Immediate *Endocarditis & general Oedema* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R. V. Hauser*

Address *Middletown, Md.*

Accident or Suicide?



Name
in
Full

Virginia Elizabeth Jackson

CERTIFICATE OF DEATH

Town

County

Brunswick

Frederick

MARYLAND

Died at

Date

of death 1909

Month

Apr.

Day

18

Age

Years

6

Months

—

Days

—

Sex

Female

Color or
Race

Black

Birth-
place

MD

Occupation

none

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Huaband

—

Father's
Name

Lemuel Jackson

Father's
Birthplace

Va

Mother's
Maiden Name

Louisa Rankin

Mother's
Birthplace

MD

Name of person giving
Information

Gus Perry

How related
to deceased

son at age

CAUSES OF DEATH

92

Primary

13 days Pneumonia

How long

2 wks

Immediate

exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

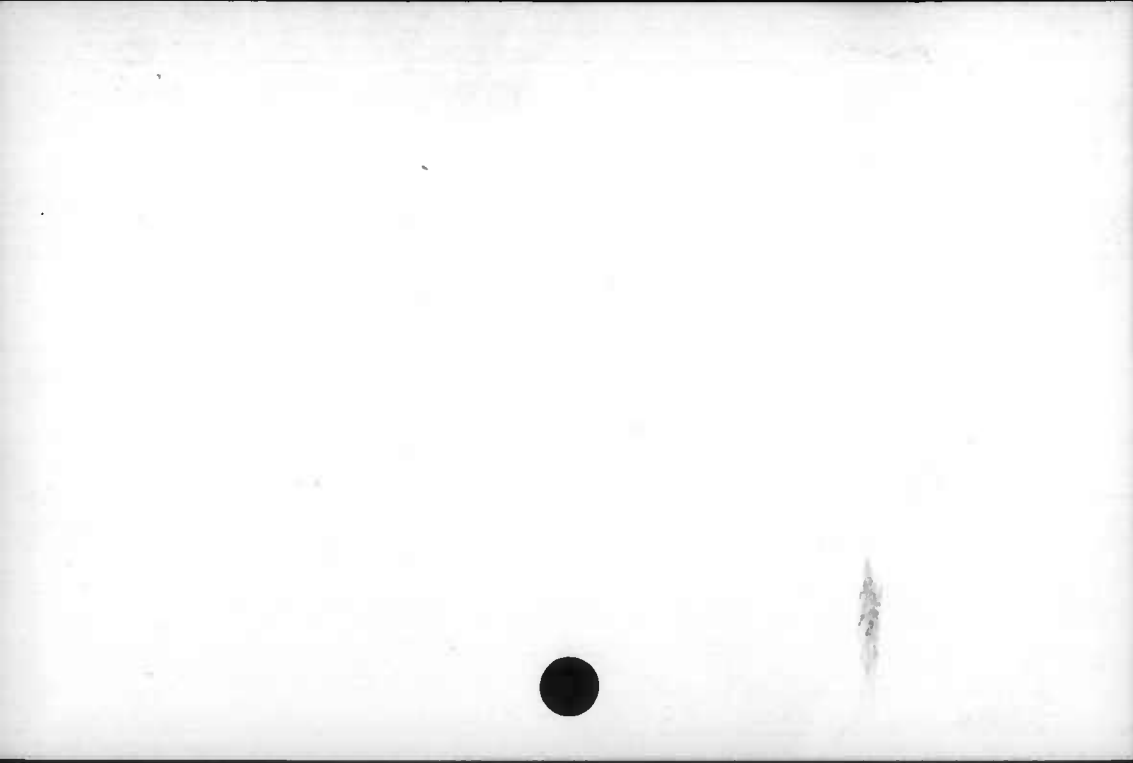
Lavin Perry

Address

Brunswick-
Frederick Co

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

No. 11

CERTIFICATE OF DEATH

Albert Henry James

Fredk.

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

New Market

Town

County

Date

of death

1909

Month

4

Day

19

Age

Years

1

Months

7

Days

Sex

male

Color or
Race

Black

Birth-
place

Tadok Co Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Louis James

Father's
Birthplace

Virginia

Mother's
Maiden Name

Mary Sewell

Mother's
Birthplace

Maryland

Name of person giving
Information

Louis James

How related
to deceased

father

CAUSES OF DEATH

28

Primary

Tubercular Meningitis

How long

2 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. H. Hopkins M.D.

Address

New Market
Md

Accident or Suicide

no

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infirm. No name Johnson

Died at *Burkittsville* ^{Town} *Fredk* ^{County} MARYLAND

Date of death *1909* Month *April* Day *12* Age *Years* Months *Days* *8*

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *Infirm* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Mysses Johnson* Father's Birthplace *Unknown*

Mother's Maiden Name *Florence Weems* Mother's Birthplace *Ind*

Name of person giving information *Mysses Johnson* How related to deceased *Not any*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Convulsions* How long *2 hrs*

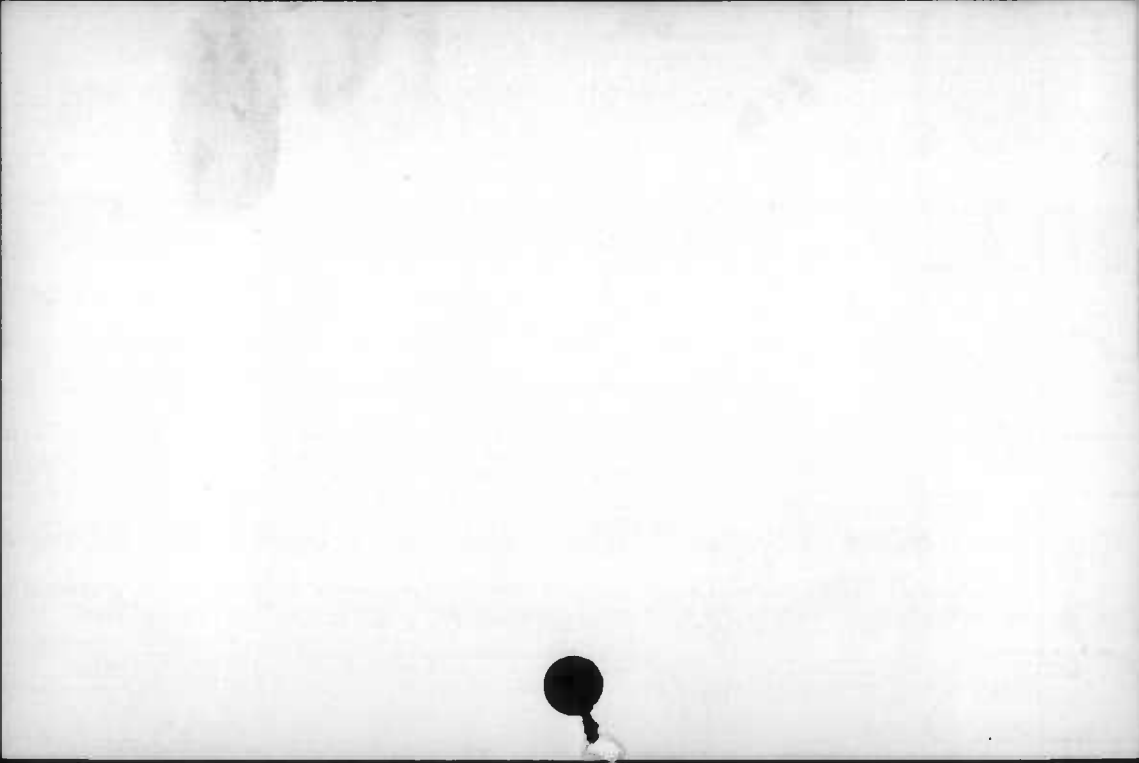
Immediate *Convulsions* How long *2 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *George J. Hunter*

Address *Burkittsville Ind*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

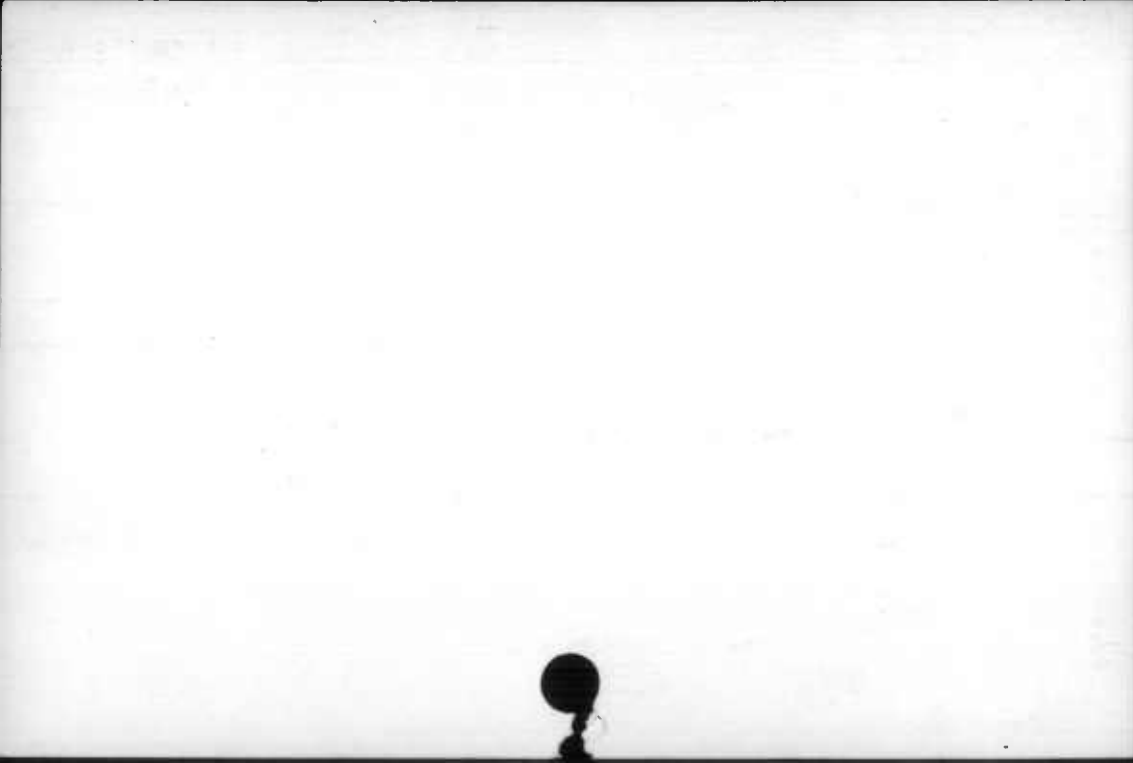
TO BE ANSWERED BY
NEAREST FRIEND

Name *Ephraim Schrie*
Died at *Frederick* Town *Frederick* County
Date of death 190*9* *April* *26th* Month *April* Day *26th* Years *66* Months Days
Sex *Male* Color or Race *White* Birth-place *Ohio*
Occupation *Veteranian* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Not Given*
Father's Name *Unknown* Father's Birthplace *Not Given*
Mother's Maiden Name *Unknown* Mother's Birthplace *Not Given*
Name of person giving Information *Chas Kline* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Hemorrhage* How long *15 years ago*
Immediate *Cerebral Hemorrhage* How long *24 hours*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *H. H. Hedger*
Address *Frederick*
Accident or Suicide



Name
in
Full

Raymond Leatherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

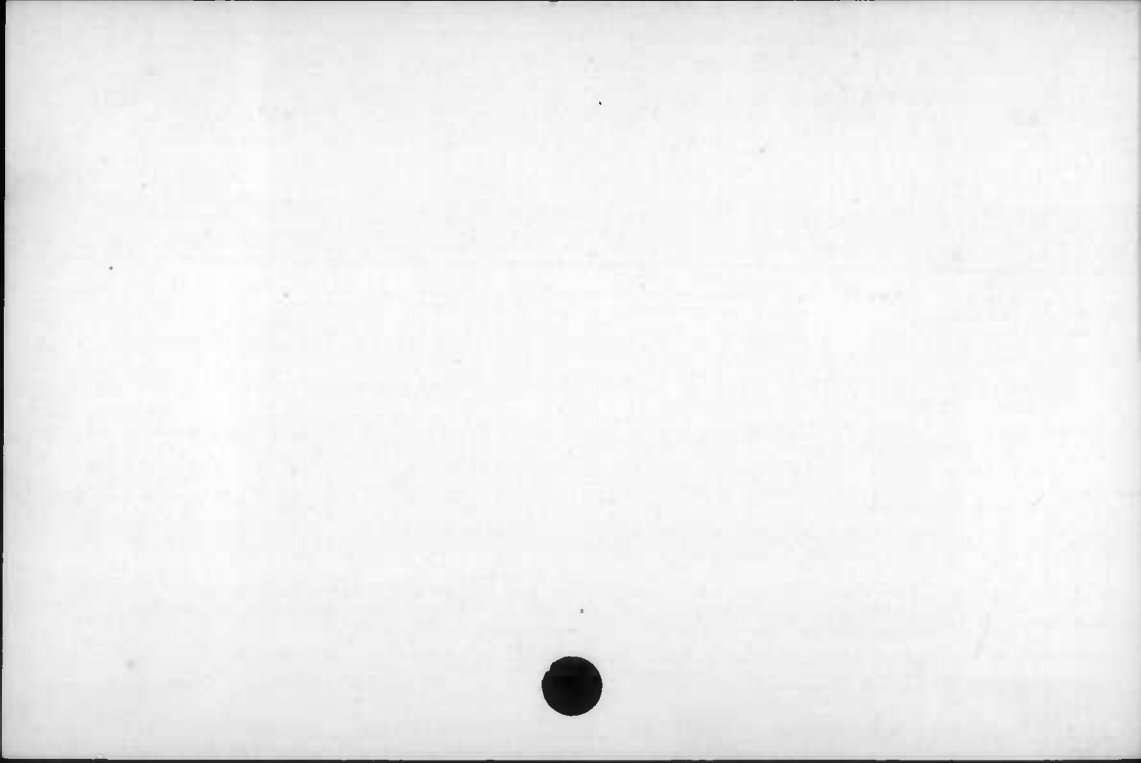
Died at <i>Frederick</i> ^{Town} <i>Lewistown</i> ^{County} <i>Frederick</i>		MARYLAND											
Date of death	1909	Month	April	Day	25	Age	—	Years	—	Months	—	Days	6 hours
Sex	male		Color or Race	white		Birth-place	Lewistown md						
Occupation	—		Where Residing if not at place of death		at place of death								
Married, Single or Widowed	Single		Name of Wife or Husband		—								
Father's Name	Paul R. Leatherman						Father's Birthplace	Frederick Co. md					
Mother's Maiden Name	Rena L. Reddick						Mother's Birthplace	Frederick Co. md					
Name of person giving information	Paul R. Leatherman						How related to deceased	Father					

CAUSES OF DEATH

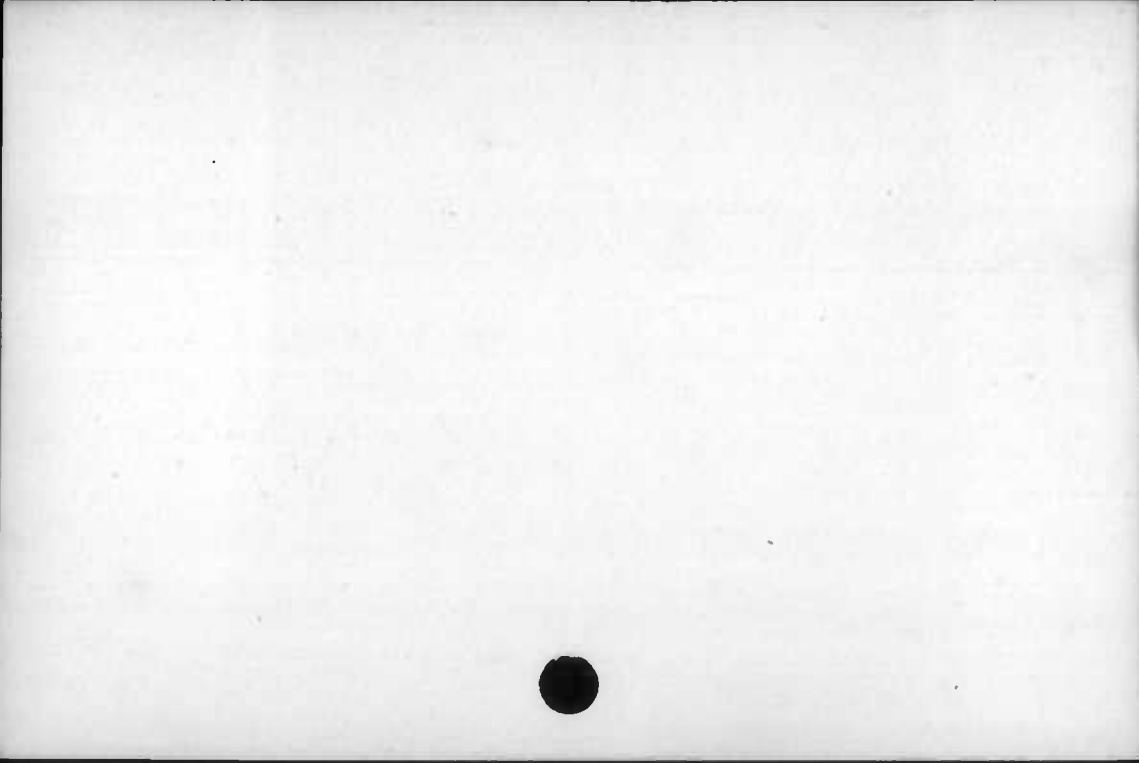
151

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long	6 hours
Immediate	Inanition	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>L. B. Baker</i>
		Address	Frederick md
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Thlint Hill		Fried.		MARYLAND				
	Date of death		1909	Month Apr	Day 11	Age	Years	Months 8	Days —		
	Sex		Female		Color or Race		Negro		Birth- place		
	Occupation		—		Where Residing if not at place of death		Same		Md		
	Married, Single or Widowed		Single		Name of Wife or Husband		—				
	Father's Name		Thomas Lee		Father's Birthplace		Md				
	Mother's Maiden Name		Kate Harris		Mother's Birthplace		Md				
Name of person giving In formation		Geo W. Peters		How related to deceased		None					
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Bronchitis-pneumonia				How long		6 or 8 wks		
	Immediate		Exhaustion				How long		1 wk		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		T. Clyde Rountree				
					Address		Buckeye town				
	Accident or Suicide?		No								



Name
in
Full

Carrie M. Soy.

CERTIFICATE OF DEATH

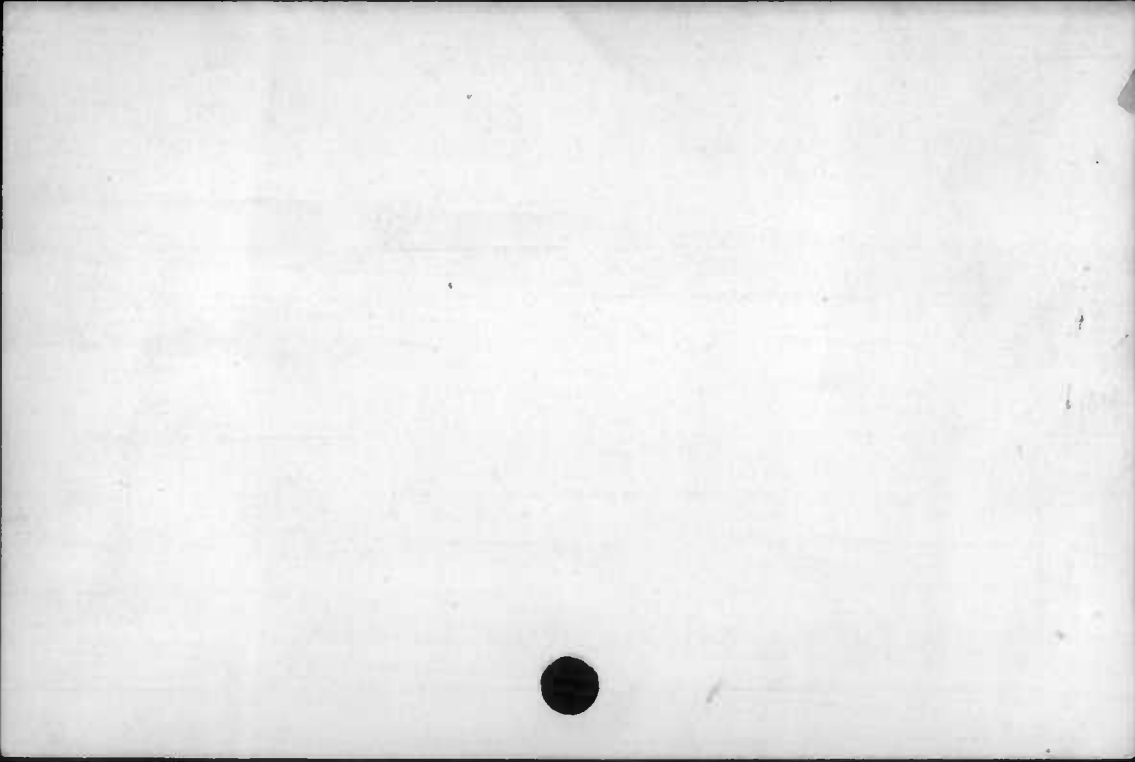
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bowie</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>4</u>	Day <u>24</u>	Age <u>18</u> Years	Months <u>3</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ill.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <u>Riley Soy.</u>			
Father's Name <u>Louis Davis</u>			Father's Birthplace <u>W. Va.</u>		
Mother's Maiden Name <u>Louisa Carey</u>			Mother's Birthplace <u>Ill.</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Grippe</u>	How long	<u>4 days</u>
Immediate	<u>Pneumonia</u>	How long	<u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>[Signature]</u>	
		Address <u>Adamsstown</u>	
Accident or Suicide?		<u>Ill.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

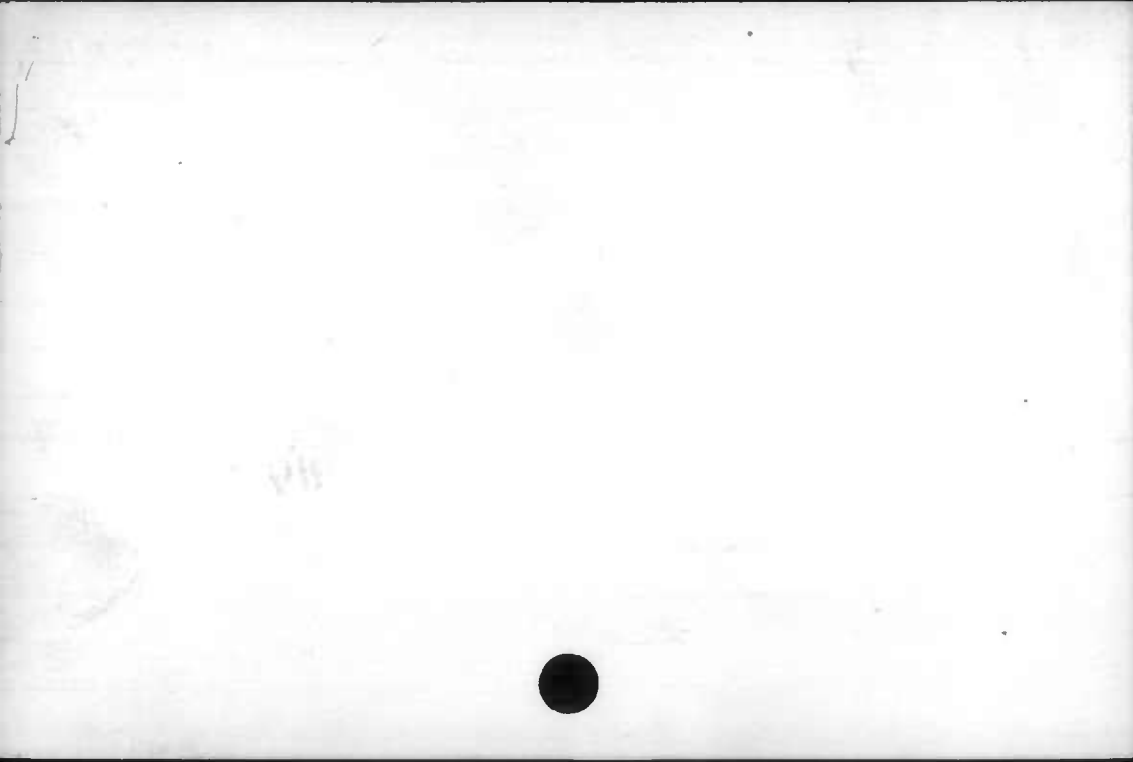
Name in Full <i>Mary C McCartney</i>		Town <i>Petersville</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>4</i>		Day <i>24</i>		Year <i>1909</i>	
Date of death		Month <i>4</i>		Day <i>24</i>		Age <i>78</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Patrick McCartney</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Patrick McCartney</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Samuel Clay</i>
	Address <i>Petersville</i>
Accident or Suicide	



Name
in
Full

Mary Magasha

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at City Hospital Frederick County
 Date of death 1909 Apr 6 18 months — — Months Days
 Sex Female Color or Race White Birth-place Va
 Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
NameMaraceFather's
BirthplaceVaMother's
Maiden NameElla MaeMother's
BirthplaceLehmanName of person giving
InformationUncleHow related
to deceased

CAUSES OF DEATH

Primary

Acute Hepatitis

How long

3 weeks

Immediate

Exhaustion

How long

10 daysAre the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianT. B. Johnson.

Address

Frederick, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Eliza J. May

Town

County

Died at

Brunswick

Date

of death 1909

Month

April

Day

13

Yeere

Age

84

Months

Do not know

Days

Sex

Female

Color or
Race

white

Birth-
place

Virginia

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

widow

Name of Wife or
Husband

Hubbard J. May

Father's
Name

Wm. (J.) Hoffmann

Father's
Birthplace

Virginia

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Do not know

Name of person giving
Information

Mrs. Wm. Frank

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Paralysis & injured hip

How long

5 months (?)

Immediate

Decubitus, General Debility

How long

1 week, she
was in bed
3 weeks.Are the name, age, sex, color, date
and place correctly given above?

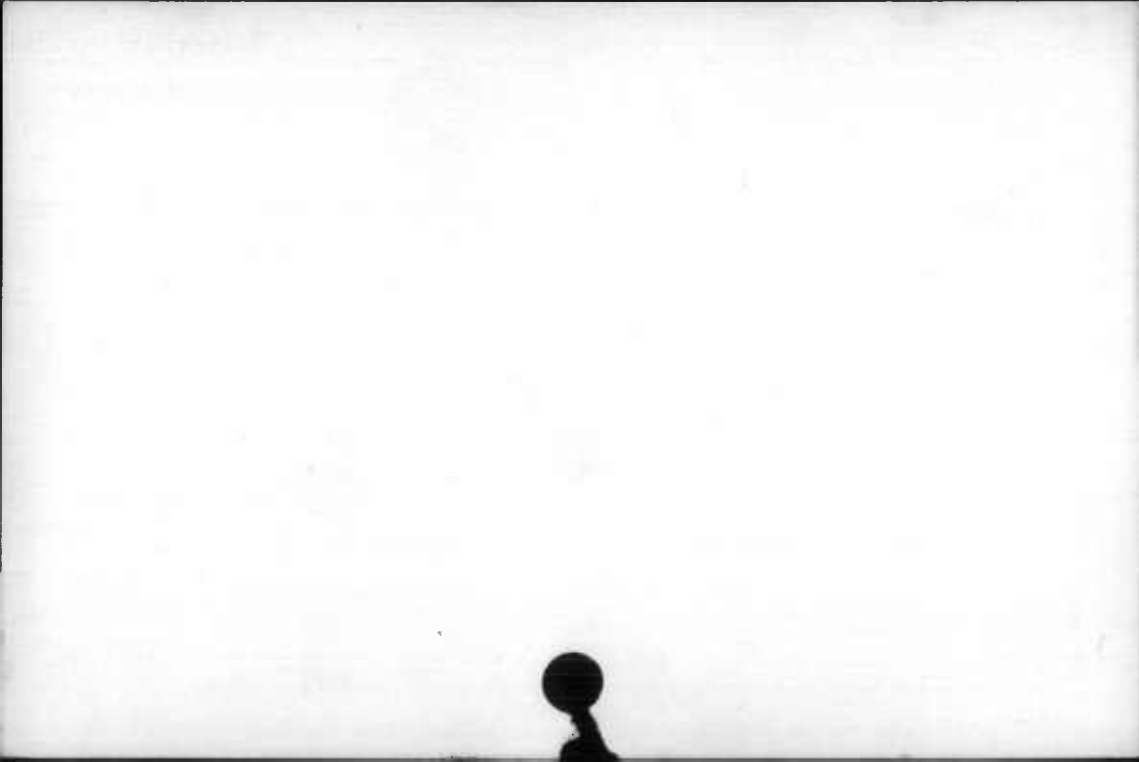
Yes.

Signature of
Physician

Address

C. W. R. Crum, M.D.
Brunswick, Ga.PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

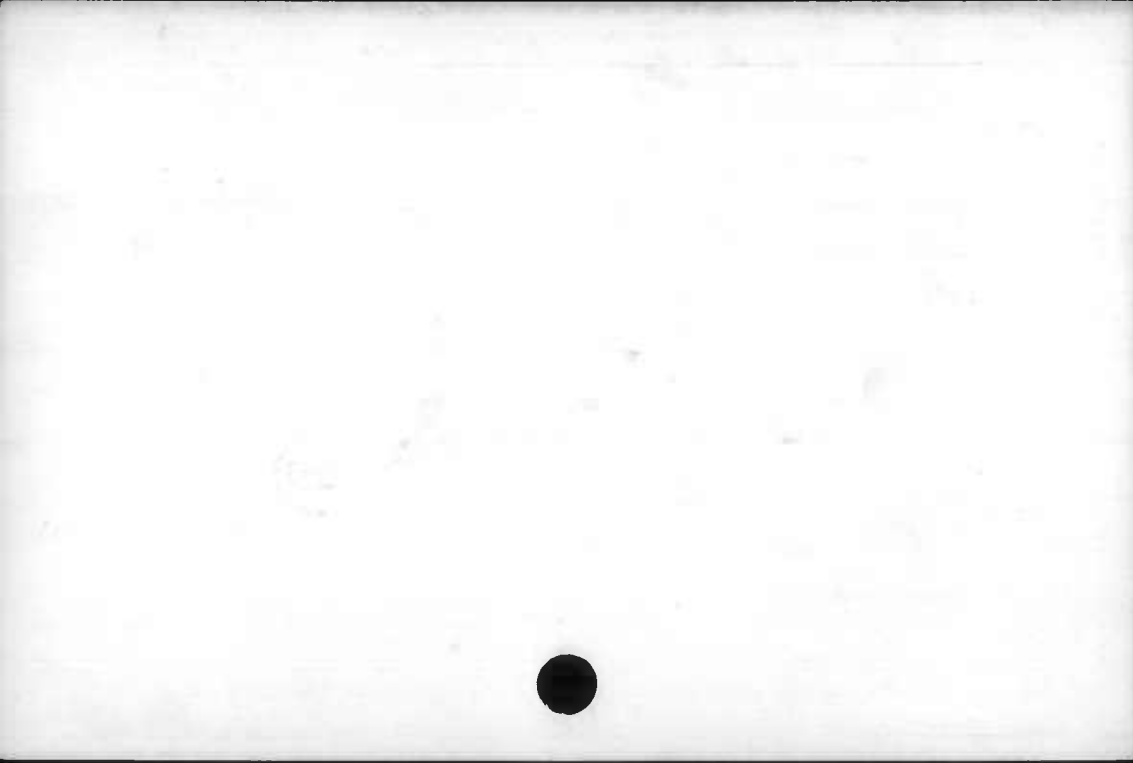
Died at <i>Mountain Hospital</i>		County <i>Frederick</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
190	9 Apr	20	29		
Sex	Color or Race		Birth-place		
Male	Colored		Unknown		
Occupation			Where Residing if not at place of death		
None					
Married, Single or Widowed		Name of Wife or Husband			
Single		X			
Father's Name			Father's Birthplace		
Unknown			Unknown		
Mother's Maiden Name			Mother's Birthplace		
Unknown			Unknown		
Name of person giving Information			How related to deceased		
Nicholas Lassaway			No relation		

CAUSES OF DEATH

120

Primary	<i>Chronic Nephritis</i>	How long	<i>Several years</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes as near as could be ascertained		<i>U. E. Doremus M.D.</i>	
		Address	
		<i>Frederick Md.</i>	
Accident or Suicide			
X			

PHYSICIAN
OR CORONER



Name
in
Full

Ruth Perkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ruels Mills</u> Town <u>Fredrick</u> County <u>X</u>		MARYLAND									
Date of death	1907	Month	April	Day	22 nd	Age	—	Months	1	Days	—
Sex	female		Color or Race	white		Birth-place	Ruels Mills.				
Occupation	none		Where Residing if not at place of death		Ruels Mills						
Married, Single or Widowed	—		Name of Wife or Husband		—						
Father's Name	Charles E. Perkins					Father's Birthplace	Fredrick Co.				
Mother's Maiden Name	Mary Obine					Mother's Birthplace	Ruels Mills				
Name of person giving information	Charles Perkins					How related to deceased	Farther				

CAUSES OF DEATH

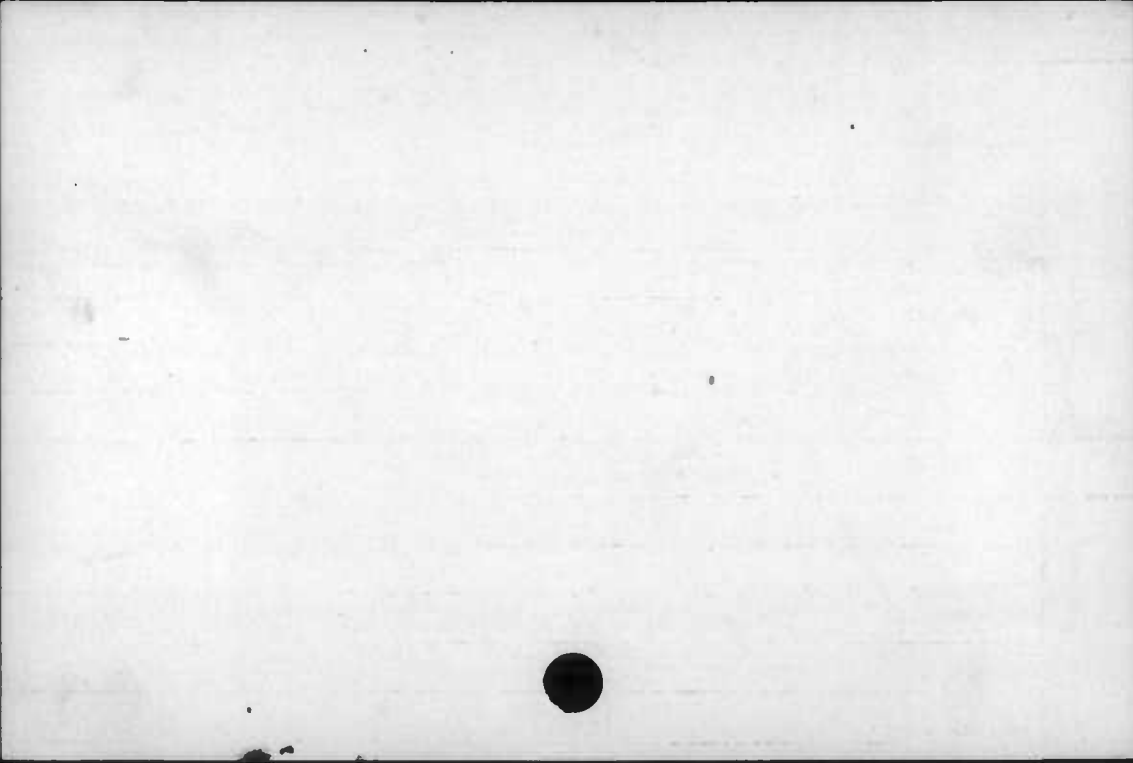
93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>4 days</u>
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Burj Perry M.D.</u>
		Address	<u>Aradley</u>
			<u>Md.</u>
Accident or Suicide?			



Name in Full Alice W. Peters		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Knoxville Town Fredrick County		MARYLAND
	Date of death 1909 April 27	Age 5	Months 1 Days 24
	Sex Female	Color or Race White	Birth-place Brunswick Md
	Occupation None	Where Residing if not at place of death	
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name M. P. Peters	Father's Birthplace Maryland	
	Mother's Maiden Name E. J. Peters	Mother's Birthplace Maryland	
Name of person giving information E. J. Peters	How related to deceased Mother		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Dysentery	How long 2 days	(9)
	Immediate Exhaustion	How long 1 day	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. J. Hedger M.D.	
		Address Brunswick Md	
	Accident or Suicide?		



Name
in
FullRhoderick (Infant)
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>4</i>	Day <i>1</i>	Age <i>—</i>	Months <i>—</i>	Days <i>1 Hr</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Rhoderick</i>			Father's Birthplace <i>Ft. Loos, Md.</i>		
Mother's Maiden Name <i>Alma Kefauver</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving Information <i>Chas Rhoderick</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Hendrix, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide <i>—</i>	

Interment Apr 2- 1909

" at Mt Olivet Cemetery.

Thomas P. Rice Fr. O.

Dr Hendrix

Dr McQuady

Name
in
Full

CERTIFICATE OF DEATH

Alexander Rippin
Town *Libertytown* County *Ind. k.*

MARYLAND

Died *✓* Date of death *1909* Month *14* Day *20* Age *71* Years Months *10* Days

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Union Veteran* Where Residing if not at place of death

Married, ~~Single~~ *Married* Name of Wife or ~~Husband~~ *Sarah Elizabeth Rippin*

Father's Name *Eli Rippin* Father's Birthplace *Unknown*

Mother's Maiden Name *Rebecca Moxley* Mother's Birthplace *Unknown*

Name of person giving information *Sarah Elizabeth Rippin* How related to deceased *Wife*

CAUSES OF DEATH

154

Primary *General Debility* How long *12 mo.*

Immediate *Heart Failure* How long *Several weeks*

Are the name, age, sex, color, date and place correctly given above?

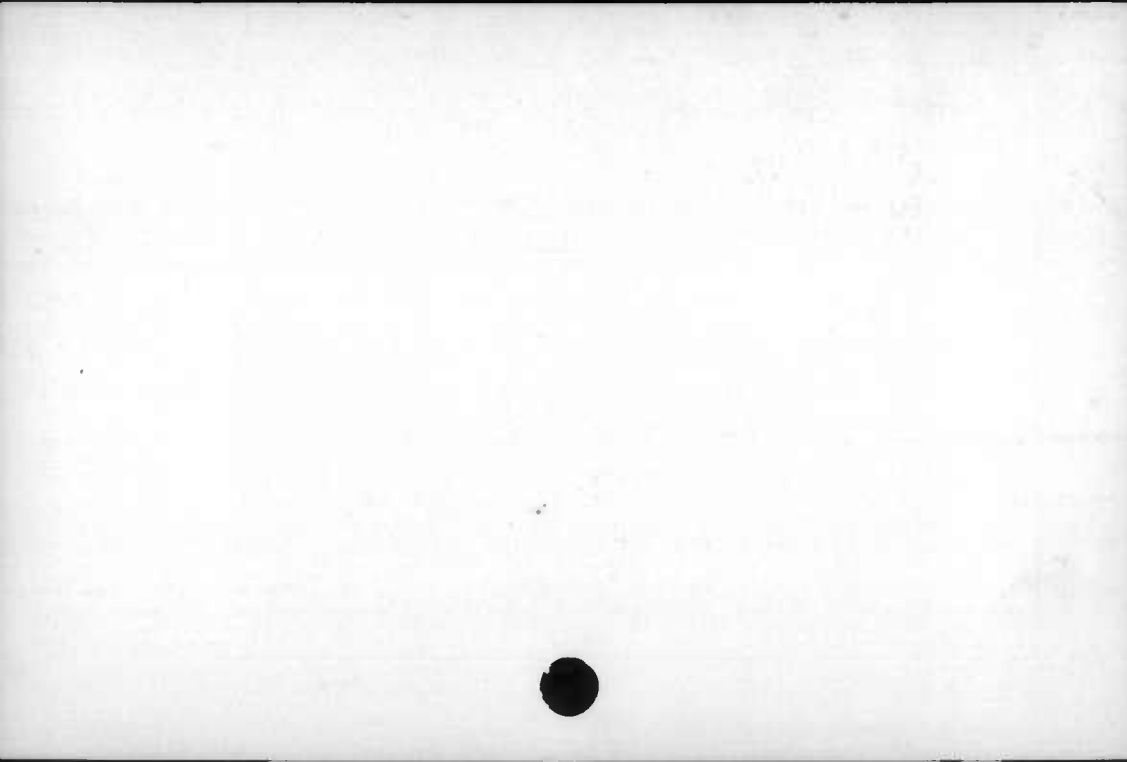
Signature of Physician *Dr. H. Beall*

Address *Libertytown.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

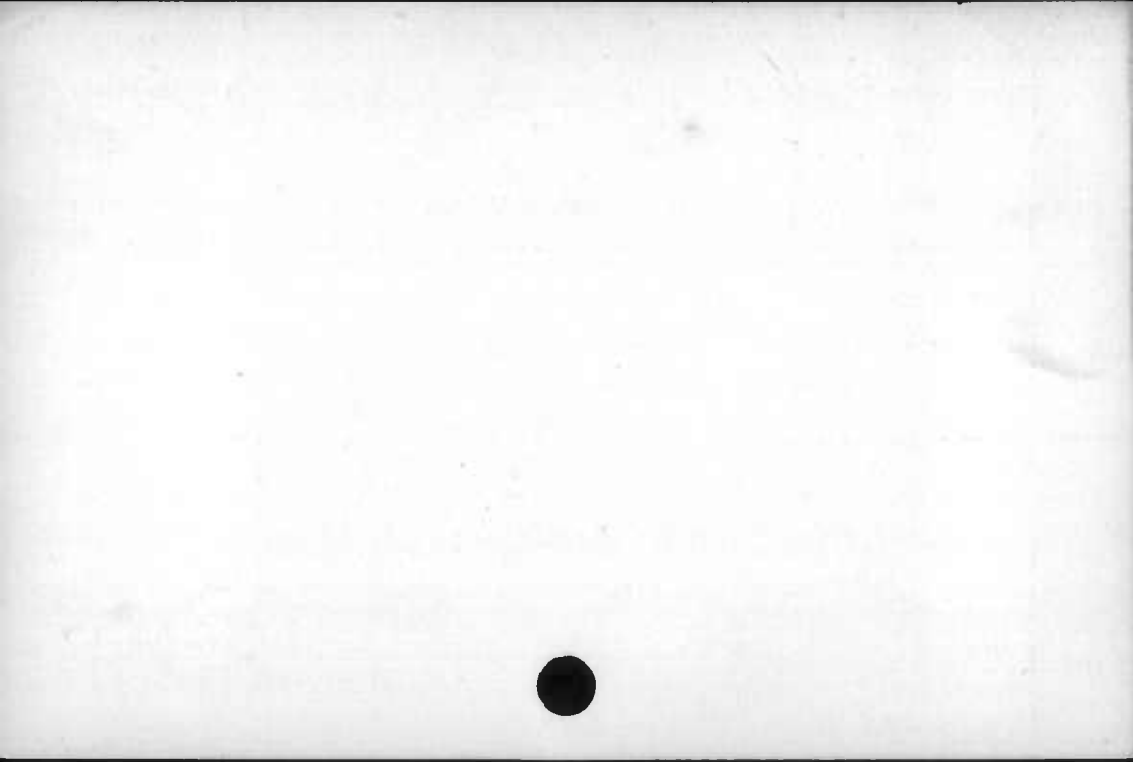
Died at <i>Libertytown</i> ^{Town} <i>Indk.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	<i>14</i> ^{Month}	<i>19</i> ^{Day}
Age	<i>1</i> ^{Years}	<i>1</i> ^{Month}	<i>24</i> ^{Days}
Sex	<i>male</i>	Color or Race	<i>White</i>
Occupation	<i>Infant</i>	Birth-place	<i>Libertytown</i>
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name	<i>Alexander D Rippin</i>		Father's Birthplace <i>Indk.</i>
Mother's Maiden Name	<i>Clara May Fogel</i>		Mother's Birthplace <i>Ladiesburg</i>
Name of person giving information	<i>Clara May Rippin</i>		How related to deceased <i>Mother</i>

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>7 days</i>
Immediate	<i>Convulsions</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. H. Beall</i>
		Address	<i>Libertytown, Indk.</i>
<i>Accident or Suicide?</i>			



Name
in
Full

Etta Pear Royer.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

German town Tuberk Co

Date

of death

4/30
1909

Month

4

Day

30

Years

Age

White
American

Months

+

Days

28

Sex

Female

Color or
RaceBirth-
place

German town

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Royer

Father's
Birthplace

Md

Mother's
Maiden Name

Effie Bowgill

Mother's
Birthplace

West-Va

Name of person giving
Information

John Royer

How related
to deceased

Father

CAUSES OF DEATH

157

Primary

Mal-Nutrition - Inanition

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

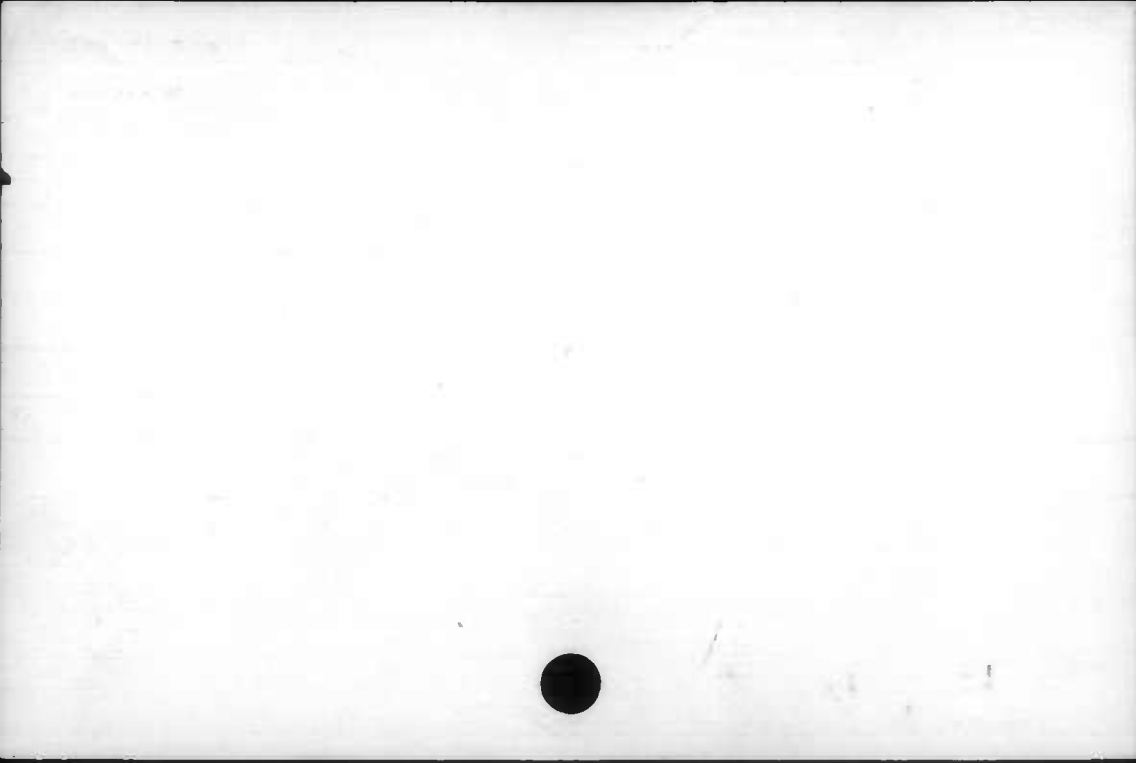
Address

J. N. Singler M.D.

Waynesboro. Pa.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *William Saylor.*
Town *Frederick* County *X*

MARYLAND

Died at *Montrose Hospital* *Frederick*Date
of death*1909 April*

Month

Day

28

Age

Years

30

Months

- -

Days

- -

Sex

*Male*Color or
Race*White.*Birth-
place*unknown*

Occupation

*unknown*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*- -*Father's
Name*unknown*Father's
Birthplace*unknown*Mother's
Maiden Name*unknown*Mother's
Birthplace*unknown*Name of person giving
Information*Nurse*How related
to deceased*Yone*

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Exhaustion

How long

*1 week*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*H. P. Fahrney*

Address

Frederick

Accident or Suicide

*Md.*PHYSICIAN
OR CORONER



Name
in
Full

Naomi Leltha Schildmeyer

CERTIFICATE OF DEATH

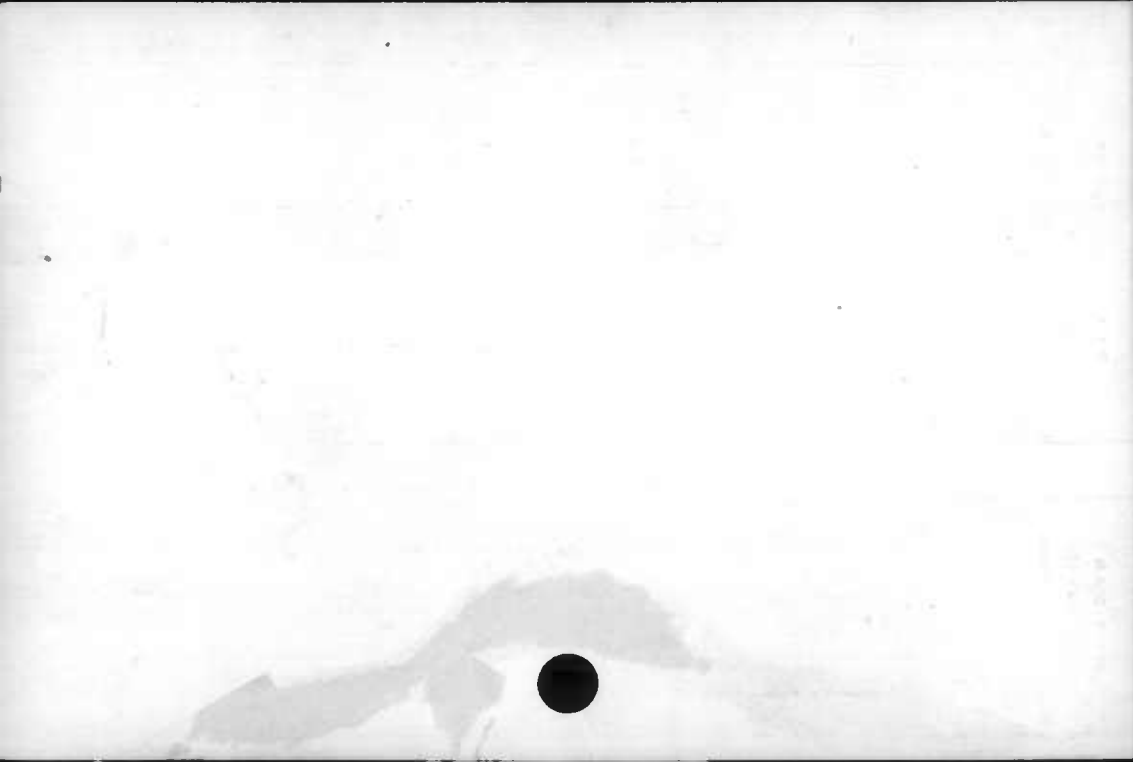
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Near ^{town} Middletown		County		Fried,		MARYLAND	
Date of death		1909	Month	April	Day	4	Age	—	Years
								Months	3
								Days	—
Sex		Female		Color or Race		White		Birth-place	
								Fried Co.	
Occupation		None		Where Residing if not at place of death		Fried. Co.			
Married, Single or Widowed		Single		Name of Wife or Husband		—			
Father's Name		Harlan Schildmeyer		Father's Birthplace		Fried Co.			
Mother's Maiden Name		Alberta C. Dubrov		Mother's Birthplace		"			
Name of person giving Information		Harlan Schildmeyer		How related to deceased		Father			

CAUSES OF DEATH

Primary	Greasles	How long	6 weeks
Immediate	Acute Bronchitis	How long	7 days
Are the name, age, sex, color, data and place correctly given above?		Yes	
Signature of Physician		S. S. Davis	
Address		Boonsboro	
Accident or Suicide		Fried.	

PHYSICIAN
OR CORONER



Name
in
Full

Biphotoma Shield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountain Hospital</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	4	Day	15
Age	26	Years		Months	X
Sex	Female	Color or Race	Colored	Birth-place	md
Occupation	none	Where Residing if not at place of death	Same		
Married, Single or Widowed	Single	Name of Wife or Husband	X		
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown		
Name of person giving Information	Kate Posey - (matron)		How related to deceased	None	

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Several months
Immediate	General Exhaustion	How long	" weeks
Are the name, age, sex, color, date and place correctly given above?	yes as	Signature of Physician	H. S. Baum M.D.
was as could be ascertained		Address	Frederick Md.
Accident or Suicide			

666 Barry

Shipped to Rockville Md

Name
in
Full

Lewis O. Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Frederick* Town *Frederick* County *MARYLAND*
 Date of death *1909* Month *4* Day *7* Age *45* Years *11* Months *24* Days
 Sex *Male* Color or Race *White* Birth-place *Virginia*
 Occupation *Laborer* Where Residing if not at place of death *Same*
 Married, Single or Widowed *Married* Name of Wife or Husband *Ida M. Painter.*
 Father's Name *Benjamin Simmons* Father's Birthplace *Virginia*
 Mother's Maiden Name *Osborn.* Mother's Birthplace *"*
 Name of person giving Information *Ida M. Simmons* How related to deceased *Wife*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *1 year*
 Immediate *Pneumonia* How long *4 days.*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Wm M. Smith*
 Address *Frederick, Md.*
 Accident or Suicide *~~~~~*

Interment April 9 - 1909.

" at Mt. Olivet Cemetery

Thomas P. Rice F.D.

Dr. J. Meredith Smith

Dr Mc Gurdy -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

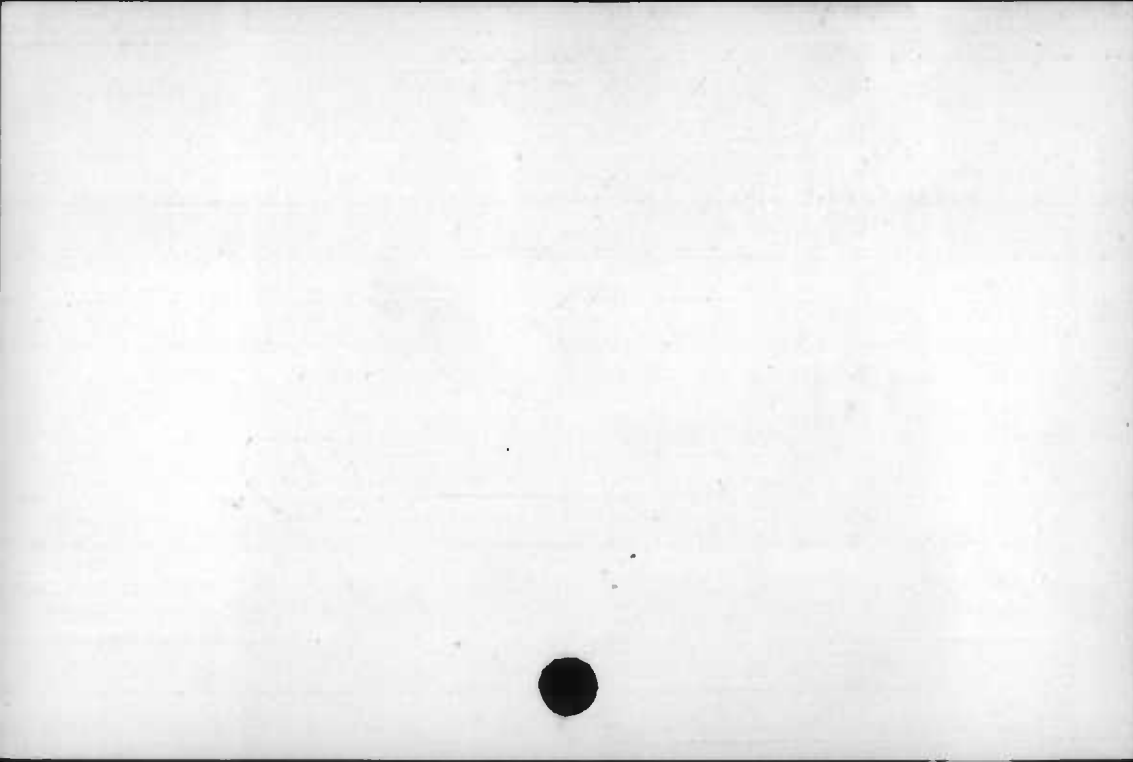
Died at <i>Lean Lang</i>		Town <i>Lean Lang</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>April</i>	Day	<i>11th</i>	Age	<i>81</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Manassas</i>		Months	<i>3</i>
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susan Smith</i>					
Father's Name <i>Jonathan Smith</i>		Father's Birthplace <i>Manassas</i>					
Mother's Maiden Name <i>Dolly Brunner</i>		Mother's Birthplace <i>Manassas</i>					
Name of person giving information <i>Charles Smith</i>		How related to deceased <i>Brother-in-law</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>2 years</i>
Immediate	<i>Recurrent Hemiplegia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. C. Kefauver</i>
		Address	<i>Thurmont Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Rocky Springs* *Madison* County

Date of death *1909* *April* *17* *Age* *62* *6* Months *6* Days

Sex *Male* Color or Race *White* Birth-place *Md.*
Occupation *Farmer* Where Residing if not at place of death *Race of decedent,*

Married, Single or Widowed *Married* Name of Wife or Husband *not given*

Father's Name *Levi Staley* Father's Birthplace *Md.,*

Mother's Maiden Name *Jane McDevitt* Mother's Birthplace *Md.,*

Name of person giving information *How related to deceased*

CAUSES OF DEATH

178

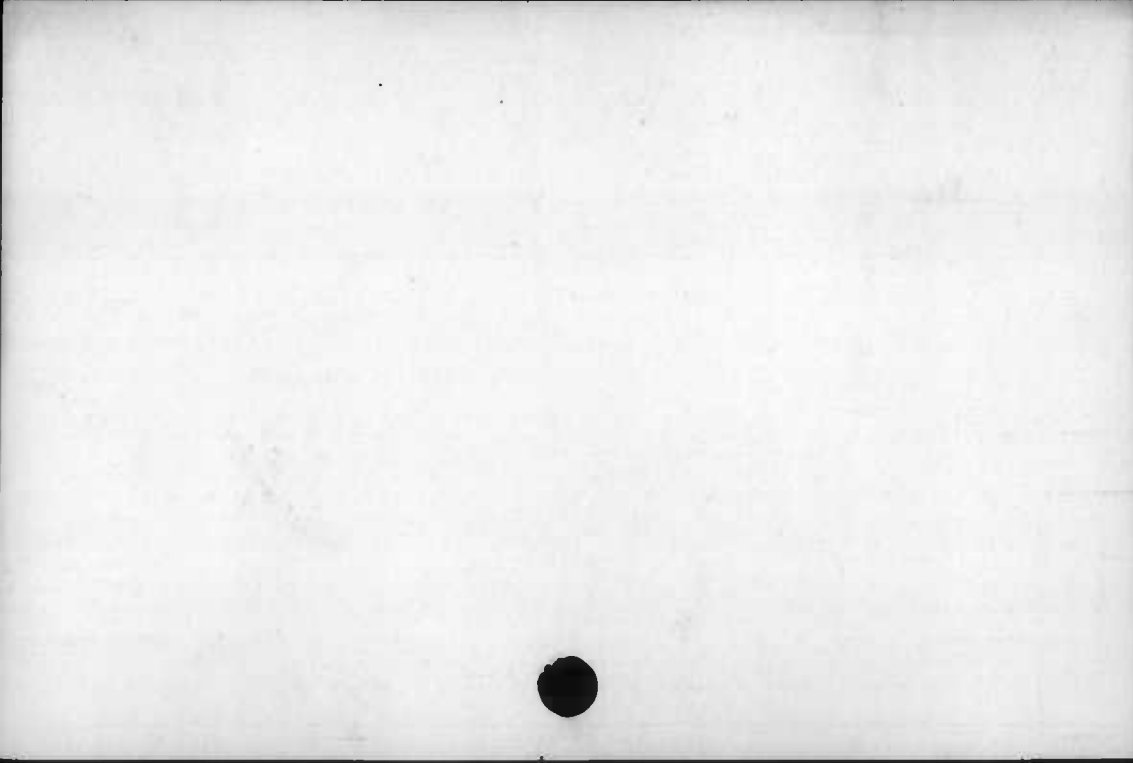
Primary *Don't know* *How long*

Immediate *Paralysis of stomach* *How long* *all dead*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *S. J. Haynes, M.D.,*

Address *Rocky Springs, Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bradley Stevens Town *Frederick* County *MARYLAND*

Died at *Mt. Pleasant*

Date of death *1909 April 6* Age *38* Month *1* Days *10*

Sex *Male* Color or Race *White* Birth-place *County*

Occupation *Farmer* Where Residing if not at place of death *Mt. Pleasant*

Married, Single or Widowed ☒ Married Name of Wife or Husband *Ruby Stevens*

Father's Name *Ruben Stevens* Father's Birthplace *County*

Mother's Maiden Name *Laura Sarah* Mother's Birthplace *County*

Name of person giving Information *J. A. Thomas* How related to deceased *Friend*

CAUSES OF DEATH

104

Primary

How long

Immediate

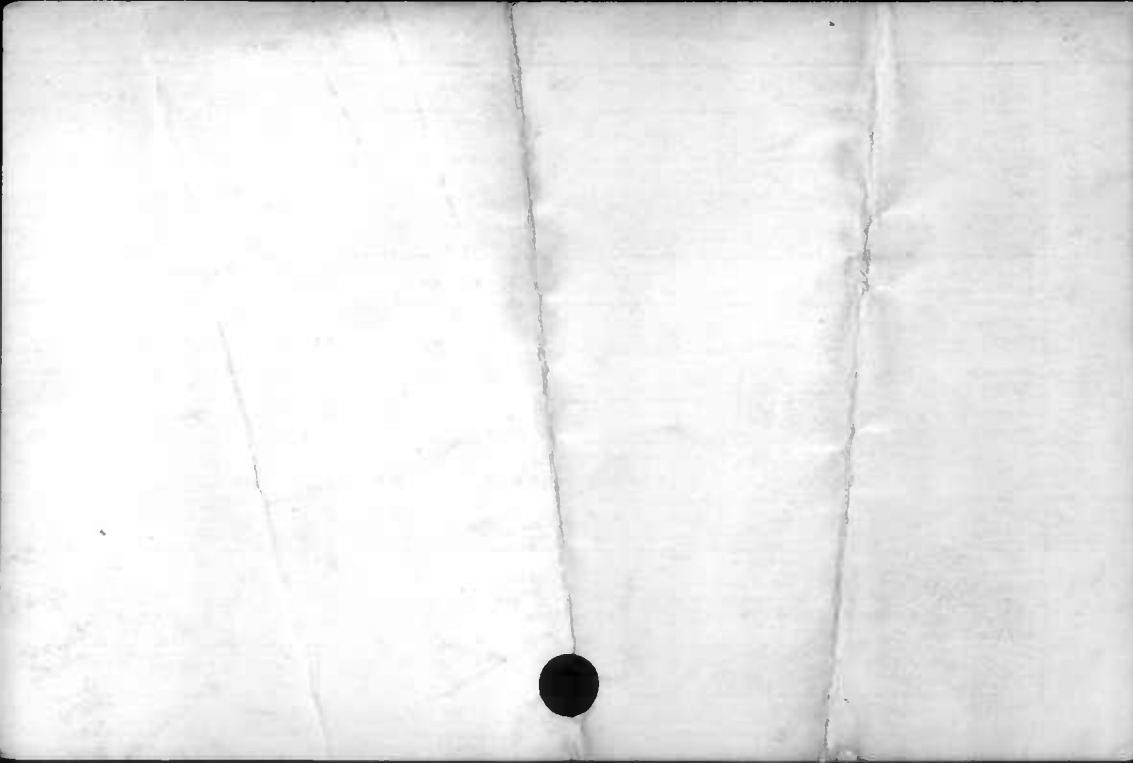
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Bernard G. Stup

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pease* ^{Town} *Frederick* ^{County} **MARYLAND**
 Date of death 190*9* Month *4* Day *2* Age *—* Years *—* Months *—* Days *7*
 Sex *Male* Color or Race *White* Birth-place *MD*
 Occupation *X* Where Residing if not at place of death *X*
 Married, Single or Widowed *X* Name of Wife or Husband *X*
 Father's Name *Edmund Stup* Father's Birthplace *MD*
 Mother's Maiden Name *Pansy White* Mother's Birthplace *MD*
 Name of person giving Information *Margaret White* How related to deceased *G. mother*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Premature Birth*
 Immediate *Inanition*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

B. F. Gooden MD
Co. Health Officer
Frederick Co. MD

mi.



Name
in
Full

Wachter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hansonville* Town*Frederick Co* County

Date

of death

1909

Month

Apr

Day

15

Age

Years

30

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Frederick Co*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Nathaniel Wachter*Father's
Birthplace*Frederick Co*Mother's
Maiden Name*Minnie Miller*Mother's
Birthplace*Frederick Co*Name of person giving
Information*Father*How related
to deceased*u*

CAUSES OF DEATH

151

Primary

asthenia

How long

1/2 hour

Immediate

apnoea

How long

*1/2 hour*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Henry P. Fahrney M.D.*

Address

Frederick Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

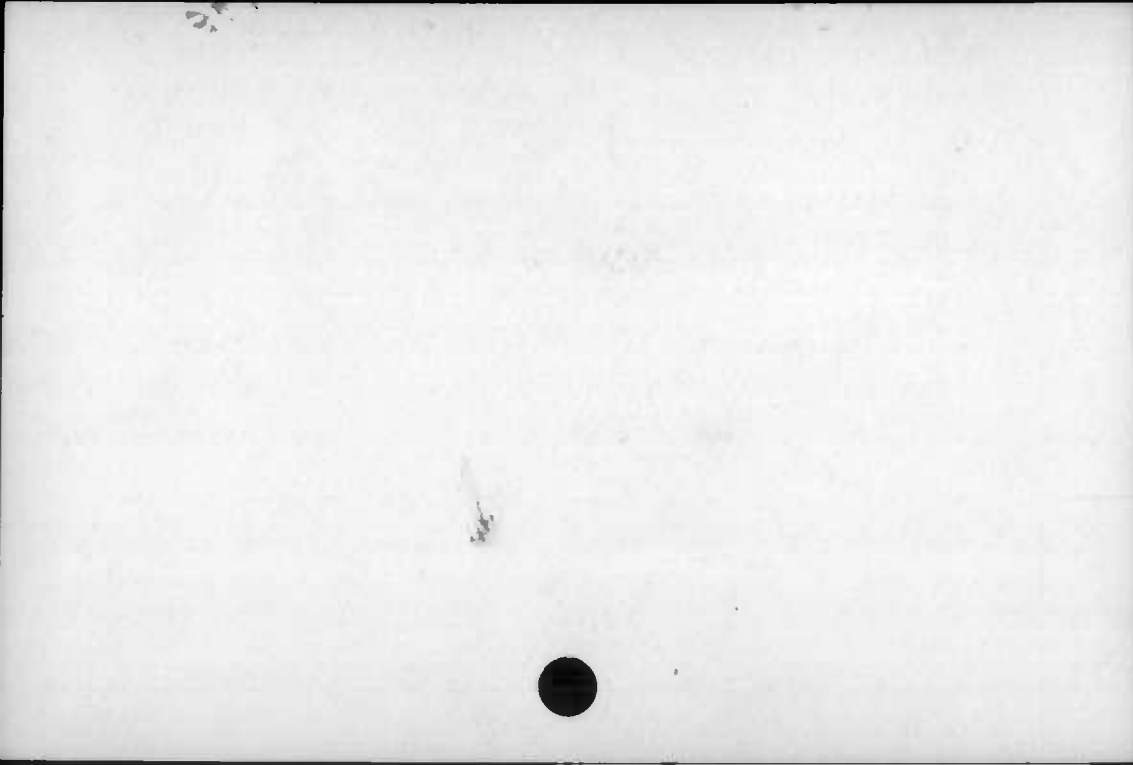
Died at <u>Thurmont</u> Town <u>Frederick</u> County		MARYLAND	
Date of death	1909	Month	April
	Day	1st	Age
	Years	4	Months
			Days
Sex	Male	Color or Race	White
Occupation	Birth-place		Near Thurmont Md.
Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Walter Master		Father's Birthplace
Mother's Maiden Name	Nora		Mother's Birthplace
Name of person giving information	Master		How related to deceased
			Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Local Pneumonia	How long	5 Days
Immediate	Convulsions, Cardiac & Respiratory failure	How long	4 Days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. C. Tinsley
		Address	Thurmont Md.
Accident or Suicide?			



Name
in
Full

Nathaniel M. Waters

No 10

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

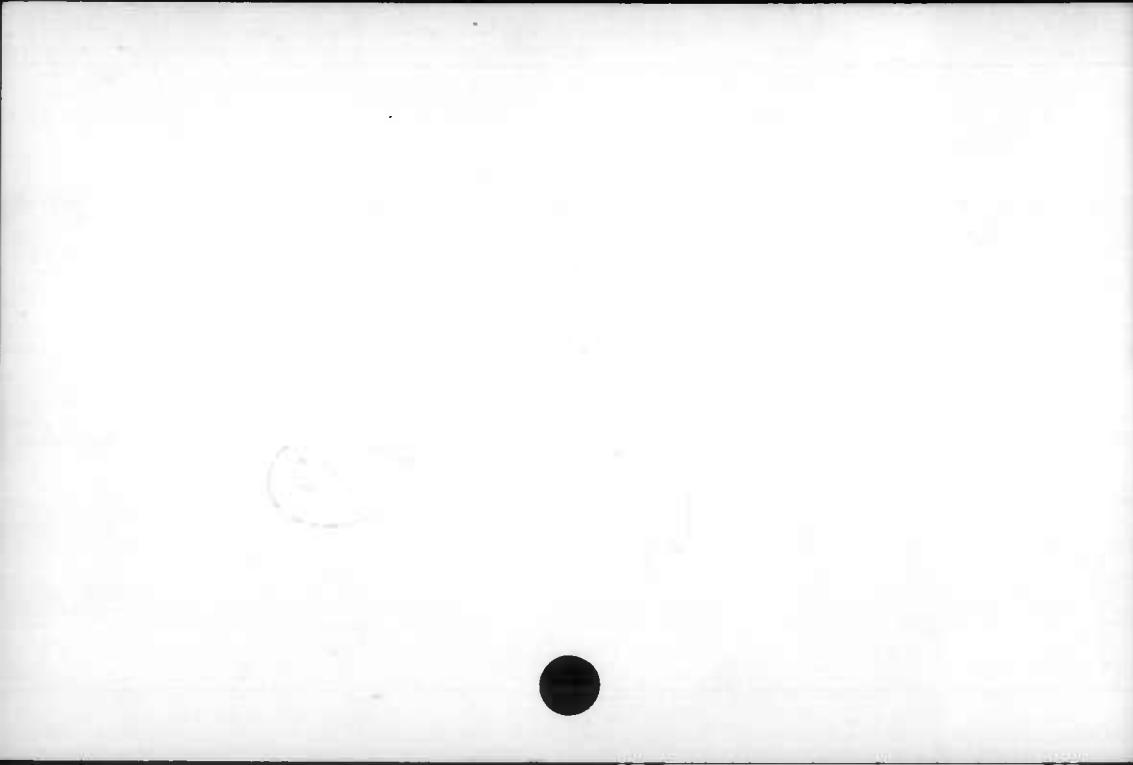
Died at ^{Town} New Market		^{County} Frederick		MARYLAND	
Date of death	1909	Month	Apr	Day	6
Age	71	Years	0	Months	13
Sex	male	Color or Race	white	Birth-place	Fredk. Co. Md
Occupation	mail-carrier		Where Residing if not at place of death		
Married, Single or Widowed	widowed	Name of Wife or Husband	Lea Maynard		
Father's Name	H. N. Dorsey Waters		Father's Birthplace	Fredk. Co. Md	
Mother's Maiden Name	Jane Griffith		Mother's Birthplace	Montgomery Co. Md	
Name of person giving Information	Mrs. Chas. Ridgely		How related to deceased	sister in law	

CAUSES OF DEATH

80

Primary	Angina Pectoris	How long	5 minutes
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. H. Hopkins M.D.
		Address	New Market
			Fredk. Co., Md
Accident or Suicide	no		

PHYSICIAN
OR CORONER



Name
in
Full

Un-named infant William

No. 15.
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Plane No 4</i>		Town <i>Frederick</i>		County <i>MARYLAND</i>	
Date of death	190 <i>9</i>	Month <i>April</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Plane No. 4</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Warner L. Williams</i>			Father's Birthplace <i>Frederick Co. Md</i>		
Mother's Maiden Name <i>Clara C. Holland</i>			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Warner L. Williams</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth (8 mos)</i>	How long <i>Born dead</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>A. A. Hopkins MD</i>
		Address <i>New Market Md</i>
Accident or Suicide	<i>no</i>	

